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Strengthening of the coordination of humanitarian and disaster relief assistance of the United Nations, including special economic assistance

Safety and security of humanitarian personnel and protection of United Nations personnel

Report of the Secretary-General

Summary

The General Assembly, in its resolution 69/133, requested the Secretary-General to submit to it, at its seventieth session, a comprehensive and updated report on the safety and security of humanitarian personnel and protection of United Nations personnel and on the implementation of the resolution. It also requested the Secretary-General to include therein an assessment of the impact of safety and security risks on such personnel and of the development, implementation and outcomes of policies, strategies and initiatives of the United Nations system in the field of safety and security.

The report presents an overview of the global security environment, associated security threats and challenges facing United Nations personnel and the response of the Organization to those threats and challenges. It also contains an analysis of emerging security trends, their key drivers and their implications for United Nations personnel. The Secretary-General highlights the role of the Department of Safety and Security in strengthening the safety and security of United Nations personnel and, in turn, enabling the United Nations to deliver its programmes across the globe. The report concludes with observations and conclusions for consideration by the General Assembly.

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I. Introduction

1. In its resolution 69/133, the General Assembly requested the Secretary-General to submit to it, at its seventieth session, a comprehensive and updated report on the safety and security of humanitarian personnel and protection of United Nations personnel and on the implementation of the resolution. It also requested the Secretary-General's report to include therein an assessment of the impact of safety and security risks on such personnel and of the development, implementation and outcomes of policies, strategies and initiatives of the United Nations system in the field of safety and security.

2. The present report covers the 18-month period from January 2014 to June 2015. It presents an overview of the global security environment and the associated security threats and challenges facing United Nations personnel[1] and of the response of the United Nations to such threats and challenges.

3. The Secretary-General highlights the role and contributions of the Department of Safety and Security, established a decade ago by the General Assembly in its resolution 59/276, in providing strategic leadership to the United Nations security management system.[2]

II. Security threats against and challenges for United Nations personnel

A. Global security environment

4. The global security environment remained complex and dynamic during the reporting period. United Nations personnel continued to confront diverse and multifaceted threats, both directly, in cases in which the Organization was deliberately targeted, and indirectly, through collateral damage.

5. United Nations personnel continued to work in environments with significant security challenges that were marked by armed conflict, post-conflict instability, the proliferation of violent extremism and terrorism, rising crime, civil disorder and widespread human rights violations, most of which were fuelled by underlying political, economic and social crises. The actors who represented the primary threat were violent extremists, armed groups, organized criminal networks and opportunistic individuals manifesting little or no respect for the mandate or values of the United

[1] For the purposes of the present report, the term "United Nations personnel" refers to all personnel covered by the United Nations security management system, including United Nations system personnel, United Nations Volunteers, individually deployed military and police personnel in missions led by the Department of Peacekeeping Operations or the Department of Political Affairs, consultants, individual contractors, experts on mission and other officials with a direct contractual agreement with an organization of the United Nations system. The term does not refer to military members of national contingents or members of formed police units when deployed with their contingent. The security management system is responsible for some 180,000 personnel, according to the United Nations Security Managers Information Network database.

[2] The security management system includes all organizations of the United Nations system and other non-United Nations entities that have concluded a memorandum of understanding with the United Nations on security management.

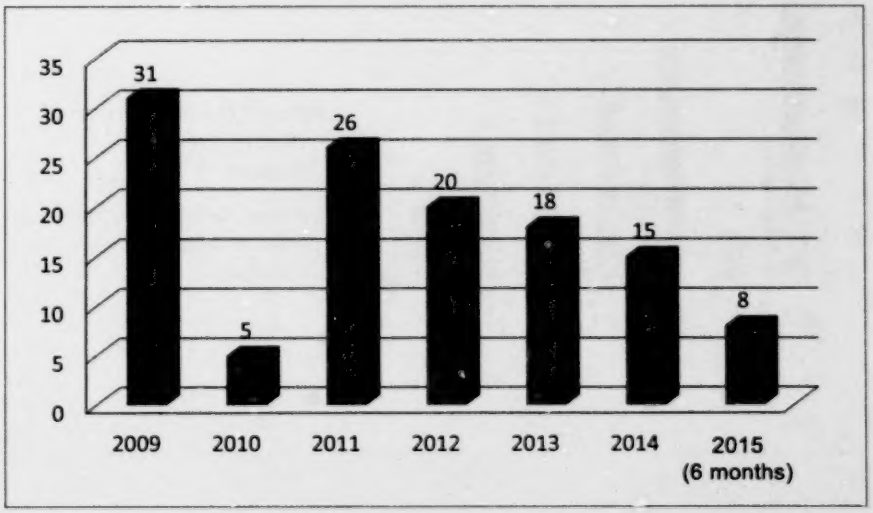
Nations. Such actors do not view the Organization as a neutral or impartial entity and, in some cases, they view its presence as an impediment to their objectives.

6. The rapid rise of the Islamic State in Iraq and the Levant is of great concern to the Organization, in particular given the already substantial threat posed by such older extremist movements as Al-Qaida, Boko Haram and Al-Shabaab. In 2014, 6 out of the 15 United Nations personnel who lost their lives as a result of violence were killed in acts of terrorism attributed to such groups. The persistent anti-United Nations propaganda that they convey, including through the Internet and various forms of social media, suggests that the threat of targeted attacks against the Organization will continue in the coming years.

7. Such groups and their growing number of affiliates threaten United Nations personnel and programmes in an increasing range of geographic areas. Meanwhile, in Iraq, Mali, Somalia, the Syrian Arab Republic and Yemen, the United Nations faces unprecedented security challenges as armed conflict has become intertwined with terrorism and with violent extremists who exploit local, national and regional vulnerabilities, including underlying ethnic, religious, sectarian or socioeconomic tensions.

8. The evolving global security environment outlined above has profound impacts for the Organization, both in terms of risks to personnel and the continuing implementation of programmes. While the dangers in the operating environment have increased, as demonstrated by a rise in the number of attacks against United Nations premises in the first six months of 2015 relative to 2014 (see annex II), the impact on personnel has been steadily declining, with less loss of life annually since 2011 (see figure I).

Figure I
United Nations personnel killed as a result of violence



9. The favourable balance between security incidents and their impact on personnel may be the result of various factors, but it is most likely the result of improved security management practices throughout the security management

system, including the increased use of armoured vehicles, the safety and security training of personnel, enhanced physical security measures, security threat analysis and the application of programme criticality as a tool to determine acceptable risk. Those practices have strengthened the safety and security of personnel around the globe, thereby enabling the United Nations to stay and deliver its programmes. The practices have been successfully implemented despite a zero-growth budget environment, with no increase in the number of Department of Safety and Security posts over the past four years. However, it must be emphasized that a single high-impact incident can dramatically reverse that trend.

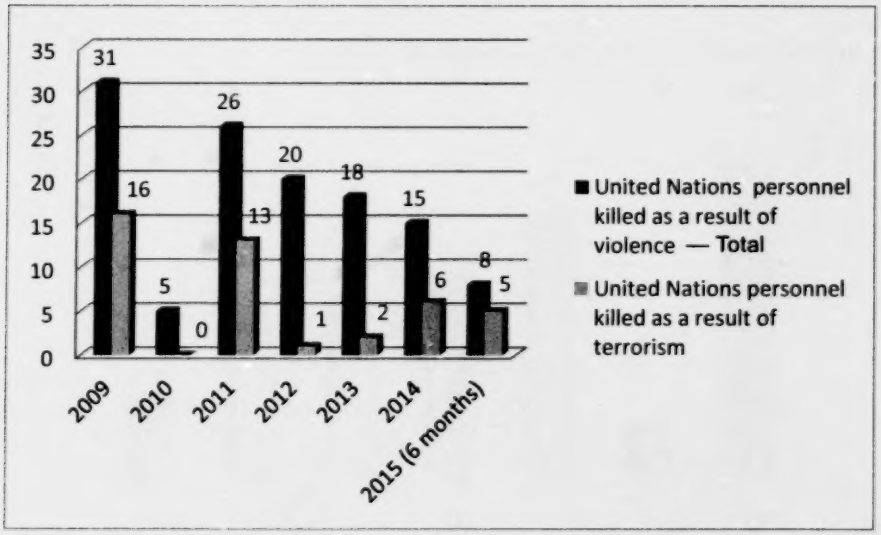
B. Analysis of security incidents affecting the United Nations security management system

1. Types of incident and their impact on United Nations personnel

Direct attacks against United Nations personnel, premises and assets

10. In 2014, 15 United Nations personnel lost their lives and 65 were injured as a result of acts of violence. An additional 8 personnel were killed and 42 injured during the first six months of 2015.[3] The total of 23 personnel killed over the reporting period represents a decrease relative to the previous 18-month reporting period, in which 28 personnel were killed (see annex I), despite the deterioration in the overall global security environment.

Figure II
Personnel fatalities as a result of terrorism



[3] Deaths were reported in Afghanistan, Burkina Faso, the Central African Republic, Côte d'Ivoire, the Democratic Republic of the Congo, Kenya, Namibia, Nigeria, Pakistan, Somalia, and South Sudan and the Sudan.

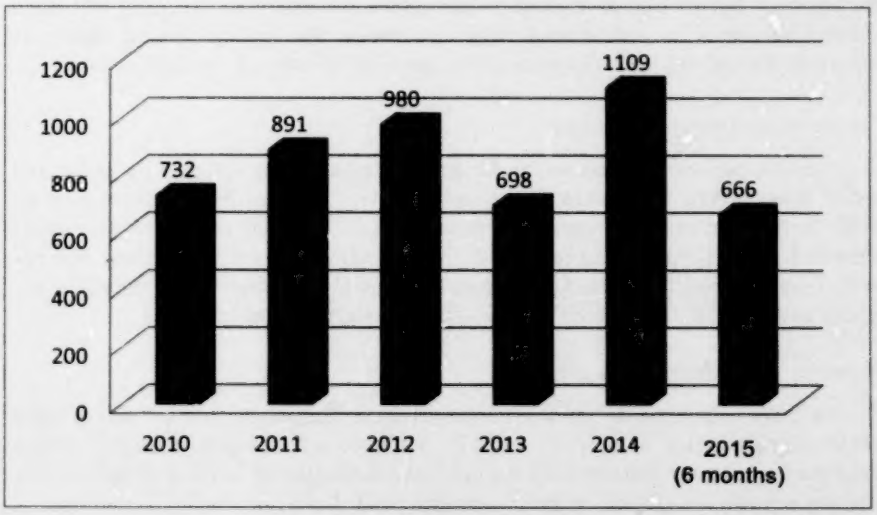
11. Six personnel were killed in 2014 as a result of terrorism and an additional five in the first six months of 2015 (see fig. II), the first recorded period in which deaths resulting from terrorism exceeded those resulting from other causes. However, it is too early to determine whether that situation will develop into a trend. On 17 January 2014, four personnel died in a complex attack at a restaurant in Kabul. On 4 July 2014, two personnel were killed in Gaalkacyo, Somalia. On 13 February 2015, a United Nations personnel member was among the victims of a complex attack on a Shia mosque in Peshawar, Pakistan. On 20 April 2015, four personnel were killed and five injured in the bombing of a United Nations vehicle in Garoowe, Somalia.

12. In addition, a number of direct attacks against United Nations premises and vehicles were recorded during the reporting period. In 2014, 9 armed attacks were launched on United Nations premises and 45 attacks on vehicles, and in the first six months of 2015, 16 armed attacks were launched on United Nations premises (see annex II), 15 of which occurred in Yemen alone. That significant increase in attacks compared with the decreasing numbers of United Nations personnel killed demonstrates the value of the investment in physical security measures. Recently, strong perimeter defences and guards enabled the Organization to repel attacks at Mogadishu International Airport. In a separate incident, one United Nations personnel member survived a car bombing against his convoy in Mogadishu because of the protection afforded by a newly deployed armoured vehicle.

Crime

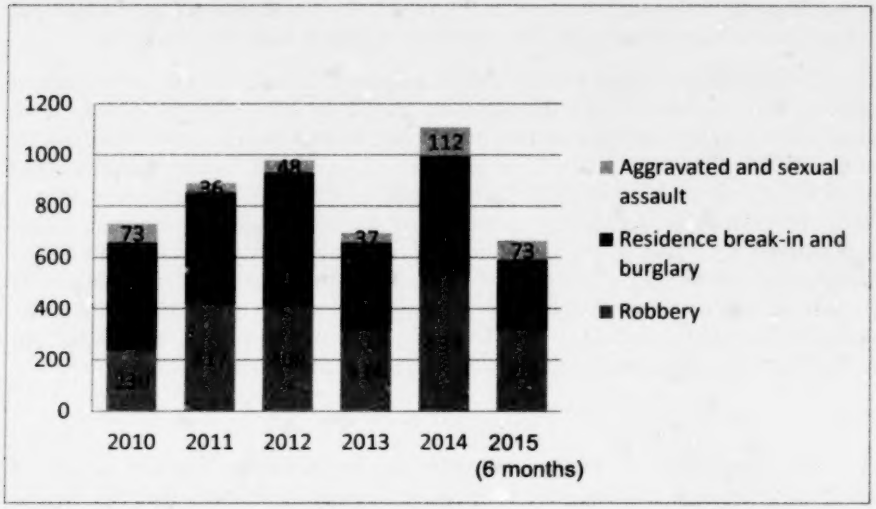
13. After declining in 2013, criminality targeting United Nations personnel increased in 2014 and is expected to increase once again in 2015 (see fig. III). In 2014, crime accounted for 8 (53 per cent) of the 15 deaths of United Nations personnel attributed to acts of violence.

Figure III
Personnel affected by crime



14. There is also concern about the number of United Nations personnel who were victims of aggravated and sexual assaults. The number of victims of those types of crime increased almost three fold, from 39 to 112, between 2013 and 2014, with 73 personnel victimized in the first six months of 2015 (see fig. IV).

Figure IV
Crime: personnel affected, by category



15. A surge in armed conflict and civil unrest, combined with deteriorating socioeconomic conditions, has been identified as a factor contributing to the dramatic increase in aggravated and sexual assaults in many duty stations. A new residential security measures policy was recently approved by the Inter-Agency Security Management Network in an attempt to strengthen the safety and security of United Nations personnel in and around their residences. The policy directly links the provision of residential security measures to the level of crime at the duty station.

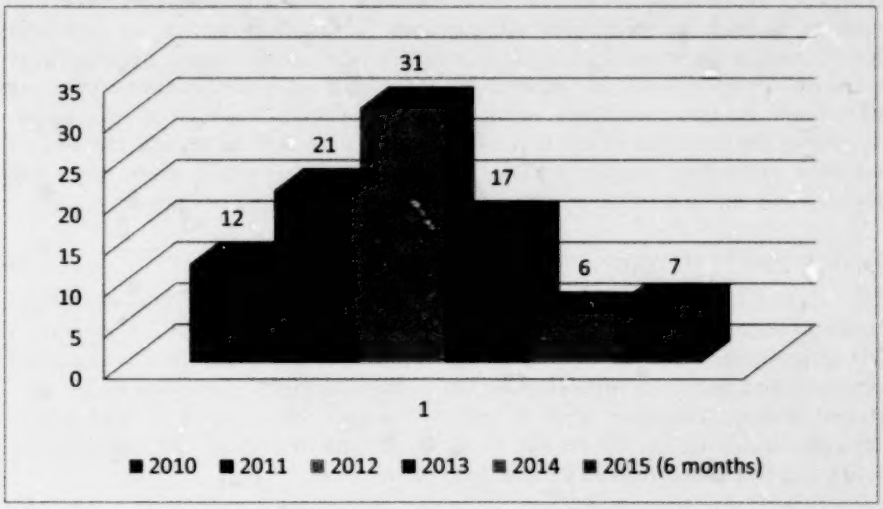
Gender-related security incidents

16. Female personnel continued to be proportionally more affected by crime and sexual assault than their male colleagues, but less affected by incidents overall. While female personnel represented approximately 40 per cent of all United Nations personnel in the field, they accounted for 46 per cent of crime victims and 100 per cent of sexual assault victims (see annex III). Female personnel constituted 13 per cent of deaths attributed to both violent acts and safety-related incidents.

Abduction of United Nations personnel

17. In 2014, six United Nations personnel were abducted, five of whom were locally recruited (see annexes I and III). All were subsequently released. While seven personnel were abducted during the first six months of 2015, it is too early to note any significant change in the downward trend that began in 2012 (see fig. V). Six of the seven personnel abducted during the first six months of 2015 have been released, while one remains in captivity in Iraq.

Figure V
Personnel affected by abduction



18. Overall, the successful release of hostages is attributed to the professional hostage incident management capacity established within the Department of Safety and Security and the support of Member States. Efforts to prevent abductions are being undertaken through enhanced risk assessments and training.

Intimidation and harassment

19. The number of incidents of intimidation and harassment of United Nations personnel increased from 108 in 2013 to 295 in 2014. Thus far in 2015, 204 incidents have been reported in those two categories. Such incidents occur mostly in areas in which parties to a conflict operate without regard to the rule of law.

Violations of the human rights, privileges and immunities of United Nations and other personnel

20. The number of United Nations personnel detained or arrested has consistently decreased since 2010. In 2014, 128 civilian personnel were arrested. A total of 110 have since been released, while 15 remain in detention and 3 have been convicted of crimes in national courts. While a minority of arrests have involved legitimate national criminal charges, a majority of detentions and arrests can be linked to misperceptions or misunderstandings of the United Nations mandate, the failure to uphold the privileges and immunities of the United Nations as recognized under international law or poor coordination between local authorities and the United Nations, among other challenges. Most arrests occurred in South Sudan, the Sudan and the Syrian Arab Republic.

21. The declaring of United Nations personnel as personae non gratae has, in some instances, amounted to a form of intimidation, including instances in which the declaration has come in response to the highlighting of human rights issues by the personnel.

22. Member States are called upon to reaffirm their commitment to international law, including human rights and international humanitarian law, and to respect the privileges and immunities of the United Nations. United Nations personnel who seek to advance the principles and purposes of the Organization, in particular locally recruited personnel, must not fear or be subject to reprisals or punishment in response. Member States are urged to act against all unlawful detentions or arrests of United Nations personnel or obstruction to their freedom of movement. Moreover, Member States are urged to investigate all serious crimes and acts of violence committed against United Nations personnel within their respective jurisdictions and to seek the prosecution of all perpetrators in that regard.

Safety-related incidents and road traffic accidents

23. Road traffic accidents remained a leading cause of death and injury for United Nations personnel. In 2014, all 15 safety-related deaths and 91 of a total of 101 safety-related injuries were associated with road traffic accidents, with 30 per cent of those incidents involving United Nations vehicles. In addition, 29 non-United Nations personnel were killed and another 202 injured in road traffic accidents involving United Nations vehicles. Efforts to prevent and manage road safety incidents are discussed later in the present report.

Public health-related incidents and incidents caused by natural disasters

24. During the reporting period, the most important public health threat faced by United Nations personnel was the Ebola virus disease outbreak, which began in Guinea in December 2013 and later spread to neighbouring countries in West Africa. Although the Organization had to reorient its efforts to address the outbreak, few disruptions to programme delivery were reported owing to the implementation of alternate work modalities and other proactive security management measures, including the deployment of additional security personnel.

2. Impact of the global security environment on United Nations programmes

25. The challenging global security environment has had a substantial impact on United Nations operations, with programmes temporarily disrupted, projects redefined, activities transferred and alternate work modalities adopted in response. In some cases, unpredictable or large-scale hostilities necessitated a temporary reduction or relocation of United Nations personnel from conflict areas. In all cases, the Organization was required to balance operational needs with security risks. While most evacuations have been of limited duration, the sustained high-risk environment in Libya has resulted in the prolonged evacuation of international personnel from the country since July 2014.

26. Inevitably, efforts to conduct safe and secure operations in high-risk locations have a financial price. In Somalia alone, one United Nations agency recently spent approximately $1 million to improve the physical security of its compounds and enhance the security of its road movements.

27. Above all, disruptions to United Nations operations have had a direct impact on local populations. For example, in South Sudan, some humanitarian offices were looted and destroyed, causing donor funding to decrease and, in turn, programmes to suspend operations. Ultimately, the crisis in South Sudan has eroded development gains and had a severe impact on early recovery initiatives. Highlighted below are

two case studies in which the local security environment has recently had an impact on United Nations operations.

Case study 1: Syrian Arab Republic

28. The United Nations has had to take a cautious and flexible approach in providing humanitarian assistance to civilians in need. The Organization is constantly reviewing the criticality of its programmes, with the goal of making efficient, risk-based decisions. Cross-line missions, which move between Government-controlled and contested territories, have been extremely complicated to organize and have often been postponed or cancelled because of localized fighting, even when warring parties have granted permission to proceed. Meanwhile, the spread of violent extremist movements across the eastern regions of the Syrian Arab Republic has contributed to the closure of vital development projects in those regions. When United Nations personnel have been unable to travel to contested areas, local non-governmental organizations (NGOs) or third-party contractors have been sought to facilitate the physical implementation of programmes on the ground.

Case study 2: Yemen

29. The rapid spread of armed conflict, including air strikes, led to the temporary evacuation of internationally recruited United Nations personnel from Sana'a and Aden. Meanwhile, locally recruited personnel and local partners continued to operate under extremely difficult circumstances in order to provide assistance to local populations, often despite damage to their homes and injuries sustained by family members. The organizations sought to support them under those difficult circumstances through salary advances and relocation grants. Owing to the critical humanitarian situation in the country, United Nations programmes have been resuming their work progressively in Sana'a since June 2015. Nonetheless, constant negotiations are required to safeguard offices and maintain operations.

3. Security of locally recruited United Nations personnel

30. Overall, locally recruited personnel made up 65 per cent of the United Nations personnel affected by safety and security incidents in 2014. While locally recruited personnel were involved in more incidents in absolute numbers, they were proportionally less affected than their international counterparts in incidents resulting in violent deaths (53 per cent). However, a greater percentage of locally recruited personnel have been affected in two specific areas, namely, safety accidents (87 per cent) and arrest and detention (90 per cent). Such personnel make up the bulk of drivers and they are therefore more vulnerable to road traffic accidents, which account for most safety incidents. In cases of arrest and detention, they are the most vulnerable to the abuse of authority by State officials.

C. Analysis of security incidents affecting humanitarian personnel and other United Nations personnel

1. Security threats affecting humanitarian personnel, non-governmental organizations, health workers, medical personnel and other implementing partners

31. From January 2014 to June 2015, 92 personnel of NGOs working in close cooperation with the United Nations lost their lives as a result of acts of violence, 84 were injured in similar circumstances and 167 were abducted, according to reports received by the Department of Safety and Security (see annex IV). Although the data, based entirely on voluntary reporting to the Department, are likely to be incomplete,[4] they nonetheless show that the current security environment has a disproportionate impact on NGO personnel relative to United Nations personnel.

32. Abductions and armed attacks against humanitarian workers, as leading causes of incidents, remain a matter of deep concern. Aid workers and health-care personnel, both international and local, carry out humanitarian operations, development programmes and life-saving activities in some of the most remote and high-risk environments and are, therefore, exposed to all forms of violent attacks. As indicated in case study 1, the relocation or evacuation of United Nations personnel has resulted in the delivery of critical programmes and activities by local NGOs, often at great personal risk to their personnel.

2. Security incidents affecting area staff of the United Nations Relief and Works Agency for Palestine Refugees in the Near East

33. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) employs more than 30,000 area staff in Gaza and the West Bank, as well as in Jordan, Lebanon and the Syrian Arab Republic. They provide health care, education, protection, infrastructure and relief and social services in aid of Palestine refugees. Owing to the prevailing security conditions in the areas of UNRWA operations, the loss of life and injuries to staff in those areas as a result of acts of violence were significantly worse in 2014 than in 2013, increasing by 80 per cent (see annex V).

34. UNRWA area staff are not covered under the security management system and, therefore, security incidents that had an impact on them are not included in the overall statistics contained in the present report. However, the serious security incidents that had an impact on UNRWA area staff are symptomatic of the environment in which the United Nations operates.

3. Comparison with peacekeepers

35. Although not covered under the security management system, peacekeepers working for the United Nations in high-risk environments face threats that are similar to those encountered by United Nations civilian personnel, especially in locations in which they are co-located, such as the Central African Republic and Mali.

[4] Such external sources as the annual Aid Worker Security Report provided additional information in that regard.

36. Between November 2013 and October 2014, the number of direct attacks against peacekeepers more than doubled, rising from 7 to 16 attacks, relative to the previous 12-month period. In the first two weeks of October 2014 alone, 14 peacekeeping personnel were killed in hostile incidents.

III. Responses by the United Nations to threats and challenges

37. In facing the complex and challenging global security environment, the United Nations has sought to respond at both the strategic and operational levels, with a view to enabling United Nations operations while ensuring the safety and security of United Nations personnel who are delivering programmes in the field. All such measures support the Organization's commitment to stay and deliver, and have been assessed as the primary reason for the containment of casualties amid rapidly deteriorating security situations.

A. Strategic response from the Organization

1. Enhancing security collaboration between the United Nations and host Governments

38. Security collaboration with host Governments is an integral part of the United Nations multidimensional strategy for protecting its personnel, premises and assets. The United Nations continued to promote the building of constructive relationships with host government authorities by enhancing situational awareness, sharing information and threat and risk analysis, coordinating prevention and mitigation measures and managing security in crisis situations. The United Nations has also trained designated officials for security on various aspects of security collaboration with host government authorities before deployment.

39. The United Nations and its personnel remain committed to respecting national laws and national and local customs and traditions in order to enhance their acceptance by local authorities and the communities that they serve. Such respect has been incorporated into various United Nations training curricula, including mandatory online security courses for United Nations personnel and specialist courses for security professionals, as well as into the predeployment civilian training presented by the Department of Peacekeeping Operations.

2. Combating impunity and promoting respect for the human rights, privileges and immunities of United Nations personnel

40. The United Nations has taken tangible steps internally to bring perpetrators of serious crimes and acts of violence against United Nations personnel to justice. The Department of Safety and Security has been working to develop a centralized database that will register all serious crimes and acts of violence that result in the death of or serious injury to United Nations personnel. The data will be used to follow up with relevant host Governments so that perpetrators can be brought to justice, and to maintain contact with injured survivors or the families of deceased victims. An initial stocktaking exercise was recently completed in which more than 800 victims in more than 500 incidents that occurred between January 1992 and June 2014 were identified.

41. In parallel, the United Nations has worked tirelessly to secure the commitment of Member States to protect human rights and to respect the privileges and immunities of United Nations personnel. In negotiating headquarters and mission agreements, the Organization makes every effort to include applicable provisions contained within relevant international conventions, including the Convention on the Safety of United Nations and Associated Personnel and its Optional Protocol.

42. The United Nations, through the Secretary-General's Human Rights up Front initiative,[5] has undertaken unremitting efforts to prevent serious violations of human rights law and international humanitarian law. The initiative provides a forum for internal discussions and an avenue for collaboration between the United Nations and Member States, through relevant intergovernmental working groups of the Human Rights Council, on human rights issues, including the protection of humanitarian and United Nations personnel.

3. Strengthening the duty of care towards United Nations personnel

43. In line with the Organization's "stay and deliver" approach, the United Nations has recognized the need to clarify its duty of care towards personnel operating in high-risk and very high-risk environments. In April 2014, the High-level Committee on Management established a working group, chaired by the Under-Secretary-General for Safety and Security, to undertake a comprehensive review of key duty-of-care issues. Comprehensive studies have been undertaken in five distinct high-risk environments (Afghanistan, Haiti, Mali/Somalia, the Syrian Arab Republic and countries affected by Ebola), with a view to finalizing its work by the end of 2015.

4. Integrating security management with programme delivery

44. The United Nations has broadened the implementation of the programme criticality framework, in combination with the security risk assessment, in order to determine an acceptable level of risk to personnel operating in high-risk and very high-risk environments. The framework is a key element of the "stay and deliver" strategy. Since its introduction in 2012, the framework has been implemented in 18 countries: Afghanistan, the Central African Republic, the Democratic Republic of the Congo, Guinea, Iraq, Kenya, Libya, Mali, Mauritania, the Niger, Nigeria, Pakistan, Somalia, South Sudan, the State of Palestine, the Sudan, the Syrian Arab Republic, and Yemen.

45. At its sixty-ninth session, the General Assembly encouraged the continued and consistent implementation of the framework (see resolution 69/133). The United Nations is formalizing the policy status of the framework and its mandatory application in all areas with high and very high residual risk levels.

46. That effort is complemented, on a daily basis, by increased cooperation between programme managers and security personnel to ensure that safety and security considerations are included in the planning and delivery of programmes at the field level.

[5] The Human Rights up Front initiative focuses primarily on the Secretariat and the agencies, funds and programmes and on what each United Nations entity can do to improve the Organization's collective response to future risks of serious violations of human rights.

5. Promoting gender consideration and inclusion

47. The United Nations has remained committed to addressing security challenges for female personnel and for lesbian, gay, bisexual, transgender and intersex personnel. The Organization, through the Inter-Agency Security Management Network, is considering how best to address the security needs of the personnel who are most vulnerable to gender-based violence, including through the development of training courses for female personnel, the reporting and recording of gender-based incidents and the development of specific guidelines for security professionals. A review of existing United Nations security policies is also required, with a view to including, as necessary, gender-sensitive considerations.

48. In August 2015, the Under-Secretary-General for Safety and Security issued instructions reminding all Department of Safety and Security personnel of their obligations and responsibilities with respect to sexual exploitation and abuse and the zero-tolerance policy in that regard.

B. Strengthening the security management system

49. The security management system remains the principal framework for managing the safety and security of United Nations personnel. The system continues to evolve in response to the challenging global security environment.

1. Development of new safety and security policies

50. The United Nations, through the Inter-Agency Security Management Network, has undertaken efforts to develop system-wide policies, guidelines and procedures, with a view to strengthening guidance on safety and security issues. Over the past 18 months, three policies have been promulgated: an updated version of the "Saving Lives Together" framework and new policies for air travel and the safety and security incident recording system. Two other policies, residential security measures (intended to replace the minimum operating residential security standards) and the management of stress and critical incident stress, were recently endorsed.

51. The development of a significantly improved security risk management process is nearly complete, along with relevant training and an e-tool module. Its roll-out has been set for December 2015 and, by December 2016, security professionals across all duty stations will have been trained in the process.

52. The Network intends to approve new policies in 2016 relating to field crisis management, gender inclusion in security management, road safety, unarmed private security services and residential security risks for locally recruited personnel.

53. Simultaneously, additional efforts are being undertaken to promote a better understanding and wider application of existing policies, including through the translation of existing policies and guidelines into French. That significant undertaking is expected to be completed by the end of 2015.

54. Other cross-cutting developments with regard to security management include the merging of the Department of Safety and Security travel request information processing system, which grants all security clearance requests and tracks all official business travel of United Nations personnel, with local movement clearance systems employed in peacekeeping operations and with enterprise resource planning

systems, such as Umoja in the Secretariat, along with other systems used by various agencies, funds and programmes.

2. Enhancing road travel safety

55. The Organization remains concerned about the number of United Nations personnel killed or injured in road traffic accidents. The Network recently recommended that an overarching road safety strategy be formulated for the security management system and, if necessary, an umbrella policy for road safety, taking into consideration the diverse activities and needs of organizations. In that regard, the Organization will work in cooperation with the new Special Envoy for Road Safety, who was appointed on 29 April 2015.

3. Strengthened partnerships with non-governmental organizations

56. The Saving Lives Together framework has allowed the United Nations to strengthen its cooperation with NGOs or operational partners on all matters pertaining to safety and security, in particular through information-sharing and training. In 2014 and during the first six months of 2015, the Department coordinated operational security assistance to NGOs in Algeria, the Central African Republic, the Niger, Nigeria, Somalia, South Sudan, the Sudan and the Syrian Arab Republic. The security management system also provided relocation and evacuation assistance to NGOs in Yemen.

57. Seventeen security managers of NGOs enrolled in security certification programmes designed for United Nations security professionals. That cooperation was further reinforced following the inclusion of the Department of Peacekeeping Operations and the Department of Field Support, along with the United Nations Development Programme, in the oversight committee of the newly approved Saving Lives Together framework.

4. Integration of the security resources of the Secretariat

58. With the full support of the Department of Political Affairs, the Department of Peacekeeping Operations and the Department of Field Support, the Department of Safety and Security has embarked on a significant programme to integrate all security personnel of the Secretariat under the leadership of the Under-Secretary-General for Safety and Security, as envisaged when the Department was established in 2005 (see A/59/539 and General Assembly resolution 59/276, section XI). An integration project team was recently formed and has begun its work.

59. The integration presents an opportunity for the United Nations to improve security service delivery, increase both efficiencies in the use of security resources and the overall professionalism, knowledge, skills and experience of security personnel and strengthen the leadership role of the Department of Safety and Security within the security management system, as initially envisaged. That approach is crucial in view of the evolving security environment and the need for a more flexible, agile and robust security response capability.

5. Remaining challenges

60. The United Nations is making every effort to strengthen its existing capacity in order to address emerging security risks. However, some challenges need still to be addressed. The Organization has renewed its commitment to promoting a security culture among all United Nations personnel, stressing accountability, enhancing individual and organizational compliance, establishing a best-practices capacity and enforcing mandatory security training requirements for all United Nations personnel. Collectively, those measures are aimed at overcoming complacency and enhancing leadership and the accountability of personnel for safety and security.

61. In addition, the Organization continues to urge the inclusion of security costs in programme budgets from the outset, in order to ensure that funding for security management measures is readily available, especially in high-risk environments.

C. Contributions of the Department of Safety and Security to the security of United Nations personnel and new strategies and challenges

62. The Department of Safety and Security continued to provide leadership, coordination and operational support to the security management system, including the provision of security advice to senior leadership of the United Nations, the coordination of security responses in emergency and crisis situations and the building of constructive relationships with host Governments. The Department maintains a leadership role in the Network, setting its agenda and strategic direction in order to ensure that the security management system remains relevant, flexible and agile so that it can meet the demands of a dynamic global security environment.

1. Vision and mission

Strategic review

63. In order to respond to the extensive changes in the global security environment and ensure that it remains fit for purpose, the Department initiated a comprehensive strategic review of its own goals and objectives, organization, structure, functions, tasks and outputs. The review, which was the first of its kind since the Department was established 10 years ago, identified areas for immediate enhancement: threat and risk analysis, physical security, training and development and surge capacity for the field. The Department also recognized the need to rapidly implement the long-outstanding integration of security resources described above. The Department further recommended an examination of the entire security management system. In undertaking those efforts, the Department took fully into account the report of the High-level Independent Panel on Peace Operations on uniting our strengths for peace: politics, partnership and people (A/70/95-S/2015/446) while awaiting the report of the Joint Inspection Unit's 18-month global inspection of safety and security, which began in 2014, for further guidance. The strategic review has been endorsed by the United Nations and its recommendations are being implemented.

Departmental vision and mission

64. The Department has formulated a new vision — "protecting the people who work for a better world" — which is supported by its mission of providing

professional safety and security services to enable the United Nations to deliver programmes and mandates globally. Guided by its vision and mission, the Department remains committed to providing professional safety and security services and the corresponding leadership in order to enable the United Nations to stay and deliver its programmes and fulfil its mandates in a rapidly changing global security environment.

2. Enhancing situational awareness and threat and risk analysis

65. The rapidly evolving security threat environment demands focused analysis to create situational awareness and provide analytical support to senior decision makers in all areas in which the Organization is carrying out its mandates. In 2015, the Department reallocated internal resources to the Threat and Risk Assessment Service in order to provide a more comprehensive analytical service to stakeholders, especially in the field. The Department has worked to improve the capacity of security professionals by enhancing its analyst training courses. It has also begun work with other components of the Organization to develop common awareness programmes in areas with a high risk of terrorism.

3. Reinforcing physical security on United Nations premises

66. The Department has made positive progress on enhancing physical security on United Nations premises. A physical security unit was established using existing resources, with its purpose, structure, function, priorities and implementation plan identified. As a priority, a method and a tool for the assessment of physical security were developed to complement existing security management system policies. The unit has also launched a broad community of practice interface, organized workshops on physical security and conducted assessments of premises. Those measures, which have been effective contributions to the enhancement of the security of United Nations premises, have been welcomed by all stakeholders.

4. Improving the effectiveness of security risk-mitigation measures

67. In response to the increasing demand for the United Nations to prevent and mitigate security risks, the Department increased the use of armoured vehicles and the provision of armed security services, including close protection services (e.g., in Yemen). The Department also strengthened its security surge capacity, including for emergency response, with 94 surge deployments to 14 countries in 2014 and 48 surge deployments to 11 countries in the first six months of 2015, while also strengthening the security of premises. All were crucial for protecting United Nations personnel, assets and operations, especially in emergency and crisis situations.

5. Support to conferences and special events

68. During the reporting period, the Department provided support to 216 special events, conferences, workshops and meetings sponsored and organized by United Nations organizations away from United Nations premises. They included 15 major events held in 11 countries and major conferences, including the twentieth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, held in Lima, the World Urban Forum, held in Medellín, Colombia, and the twelfth meeting of the Conference of the Parties to the

Convention on Biological Diversity, held in Pyeongchang, Republic of Korea. All the events concluded without incident.

6. Training

69. The Department continued to focus efforts and resources on delivering training programmes for all United Nations personnel, in line with General Assembly resolutions 67/85 and 69/133.

70. Recognizing that training is a foundation for enhancing security awareness and the Organization's security culture, the Department ensured that training was provided to three primary groups: individuals with security responsibilities, including designated officials for security and senior security professionals; security officials and managers; and United Nations personnel at large.

71. In 2014, the Department delivered more than 100 classroom-based courses to approximately 1,700 individuals. The use of e-learning tools has allowed the Department to effectively and efficiently deliver security training to a wider audience, with the Department's success reflected in the growing number of participants. Approximately 95,000 individuals enrolled in online courses in 2014, including Basic Security in the Field, Advanced Security in the Field and Security Management Team training.

72. There has also been an increase in participation in courses that enhance the ability to respond to threats and injuries while operating in the field. More than 8,000 individuals enrolled in the Safe and Secure Approaches to Field Environments courses in field locations. In November, a crisis management training course for senior field managers will be delivered, with a view to improving their security awareness and ensuring the implementation of required security measures.

73. The Department is on schedule to deliver a robust package of security learning solutions by the end of 2015, with a particular focus on developing and implementing the Women's Security Awareness Training. A training of trainers pilot course was successfully launched in Nairobi in July 2015 and will expand to at least 20 duty stations over the coming months.

7. Response to critical incidents

74. From January 2014 to June 2015, the Department's Critical Incident Stress Management Unit continued to strengthen its capacity and enhance its preparedness to respond to critical incidents around the globe, using a three-pronged strategy aimed at building staff resilience through training, building the capacity of the United Nations country offices and developing a security management system policy for the management of stress and critical incident stress.

75. Globally, the Department provided psychosocial services to 10,923 personnel and eligible family members. The services included counselling, training and technical advice to managers in response to 53 major critical incidents around the world.

8. New approach to compliance and evaluation

76. The strategic review of the Department has identified areas for further development and enhancement, one of which is the need to completely overhaul the existing security compliance function and develop a more comprehensive internal

process of evaluation in line with the report of the Office of Internal Oversight Services (A/70/72). The Office highlighted the need for the Department to establish an evaluation capacity in line with the norms and standards of the United Nations Evaluation Group.

77. The Department has already made significant progress in implementing the aforementioned recommendations. It has implemented a new qualitative evaluation concept for security programmes, which is aimed at evaluating not only the implementation of security processes and practices, but also the prevailing security culture. A new compliance assessment concept and a new lessons learned and best practices framework is due for implementation by the end of 2015.

9. Enhancing air travel safety

78. The first air travel policy was recently endorsed and will be implemented by the end of 2015, with the Department's Aviation Risk Management Office serving as the single source of information and guidance on the use of global air transport. Since May 2011, the Department has provided information and guidance on aviation safety in response to some 6,200 requests from field duty stations worldwide.

IV. Observations and recommendations

79. **The global security environment remains complex, dynamic and challenging. Old threats remain while new challenges have emerged. However, that dynamic security environment constitutes the new norm under which the United Nations must now operate.**

80. **In that context, strengthening the safety and security of United Nations personnel is paramount, but many challenges lie ahead. The ability to stay and deliver in dangerous, high-risk environments requires the Organization to continuously re-evaluate and enhance its security management practices and measures and to take innovative approaches in responding to the changing security environment.**

81. **The Organization needs to continuously assess whether the security management system is reflective of the security environment and remains fit for purpose. It must also be sure that the Department of Safety and Security, established a decade ago to provide leadership, support and oversight of the security management system, has the adequate staff and resources to enable the United Nations to carry out its life-saving operations. As a priority, the Department requires effective physical protection capabilities, enhanced information analysis capacity, broadly accessible training and a robust framework of security policies to support the Organization.**

82. **Fulfilling those requirements demands a continuous and consistent effort to implement existing safety and security policies, procedures, practices and standards throughout the system, with the support of Member States. The Organization is determined to undertake the continuous enhancement of its security management system in order to allow for the consistent and holistic delivery of safety and security services. The integration of the security personnel of the Secretariat into the Department, under the management and leadership of the Under-Secretary-General for Safety and Security, will create efficiencies in**

the use of security resources and strengthen the Organization's ability to provide professional, effective and efficient safety and security services, enabling the United Nations to continue to deliver its programmes globally.

83. The Department will need operational and deployment flexibility to ensure that the security workforce reflects the changing dynamics of the security environment in terms of both skills and the ability to deploy the right personnel, with the correct equipment, where they are most needed.

84. In addition, the attention of senior managers is required to ensure that security remains a mainstream consideration in all planning and implementation activities of the Organization. Security must be seen as an integral component of all programmes and provided with appropriate funding.

85. Sadly, while the flag of the United Nations should ensure protection, United Nations personnel and premises are too often the target of deliberate attacks. The Secretary-General is profoundly dismayed by the loss of 15 United Nations colleagues in 2014 and 8 more in the first six months of 2015. The United Nations expresses its deepest condolences to the families of all United Nations personnel and those of all humanitarian personnel who lost their lives in the line of duty during the reporting period.

86. The United Nations condemns in the strongest terms all forms of crime and violence against its personnel and urges that perpetrators be held accountable. In that regard, the collaboration between the United Nations and host Governments remains fundamental for the security of United Nations personnel, assets and premises and shall be maintained in an open and constructive manner. Nothing shall hamper the Organization's work, resolve and commitment to deliver to those most in need, wherever they may be.

87. Lastly, the Secretary-General is also deeply concerned by the continuation of attacks against humanitarian workers, including those humanitarians who serve the United Nations. The present report encompasses all humanitarians and strongly underlines the need to protect all of those who are working for a better world. United Nations organizations, Member States, partners and donors are called upon to work together to address security challenges for humanitarian workers, health workers and, in particular, locally recruited personnel in the United Nations and NGOs, including protection through legislation and adherence to international humanitarian norms.

88. The Secretary-General wishes to recommend that the General Assembly remain seized of the issue of the safety and security of United Nations personnel and continue to provide its unwavering support to the security management system of the United Nations.

Annex I

United Nations personnel affected by safety and security incidents between 2010 and 2014

Category of safety and security incident	*Number of United Nations personnel affected*									
	2010 Year	*2011 January-June*	*2011 Year*	*2012 January-June*	*2012 Year*	*2013 January-June*	*2013 Year*	*2014 January-June*	*2014 Year*	*2015 January-June*
Fatalities resulting from acts of violence	5	9	26	7	19	11	18	10	15	8
Fatalities resulting from safety-related incidents	19	33	44	10	15	8	10	6	15	11
Injuries resulting from acts of violence	68	46	145	42	112	68	82	21	65	42
Injuries resulting from safety-related incidents	164	73	166	95	209	120	144	50	101	72
Abduction	12	14	21	25	31	15	17	9	6	7
Robbery	239	204	417	257	408	251	314	64	530	316
Residence break-in	35	19	20	12	31	15	23	23	37	25
Aggravated assault	64	17	31	20	44	22	35	36	104	69
Sexual assault	9	7	5	2	4	1	4	–	8	4
Burglary of residence	385	234	418	279	493	277	322	70	430	252
Intimidation	210	135	224	134	209	64	81	46	149	124
Harassment	17	8	46	34	52	18	27	10	146	80
Arrest and detention	211	118	195	116	165	57	138	41	128	35
Total	**1 438**	**917**	**1 759**	**1 033**	**1 793**	**927**	**1 216**	**386**	**1 734**	**1 045**

Annex II

Attacks on United Nations civilian premises and vehicles

Category of security incident	*2014*	*First six months of 2015*
Armed attacks on civilian premises	9	16
Armed attacks on civilian vehicles	45	47
Intrusion into civilian premises	26	27

Annex III

United Nations civilian personnel affected by security incidents from 1 January to 31 December 2014

Category of security incident	*Number of personnel affected*	*Internationally recruited*	*Locally recruited*	*Male*	*Female*	*Number of countries*	*Circumstances of security incidents*
Fatalities resulting from acts of violence	15	7	8	13	2	8	Terrorism (6), crime (8), civil unrest (1)
Fatalities resulting from safety-related incidents	15	2	13	13	2	13	Road traffic accident (15)
Injuries resulting from acts of violence	65	23	42	42	23	24	Armed conflict (6), terrorism (9), crime (49), civil unrest (1)
Injuries resulting from safety-related incidents	101	23	78	74	27	37	Road traffic accident (91), other safety accident (10)
Abduction[a]	6	1	5	6	–	4	All United Nations hostages were released
Robbery[b]	530	215	315	245	285	61	
Residence break-in[c]	37	17	20	22	15	9	
Aggravated assault[d]	104	35	69	73	31	36	
Sexual assault	8	5	3	–	8	8	
Burglary[e] of residence	430	157	273	257	173	62	
Intimidation[f]	149	51	98	86	63	42	
Harassment[g]	146	58	88	92	54	34	
Arrest[h] and detention	128	12	116	123	5	13	Personnel still detained: 15; convicted: 3; released: 110
Total	**1 734**	**606**	**1 128**	**1 046**	**688**		

[a] Act of restraint through the use or threat of force or through fraudulent persuasion, including hostage-taking involving demands as conditions for liberation, executed by non-State actors.
[b] Act or instance of unlawfully taking property by the use of violence or the threat of violence.
[c] Unauthorized and forceful entry with intent to commit a felony or a crime, aggravated by use of force and/or physical assault.
[d] Unlawful act that places personnel, without consent, in fear of immediate bodily harm or battery.
[e] Unauthorized and forceful entry with intent to commit a felony or a crime.
[f] Act of making timid or fearful or of deterring by threats.
[g] Act of systematic and/or continued, unwanted and annoying actions that serve no legitimate purpose, causing substantial emotional distress.
[h] Acts executed by State actors.

Annex IV

Security incidents affecting non-governmental organization personnel from 1 January 2013 to 30 June 2015 (18-month figures), as reported to the Department of Safety and Security

Category of security incident	*Number of personnel affected*	
	1 January 2013-30 June 2014	*1 January 2014-30 June 2015*
Fatalities resulting from acts of violence	44	92
Injuries resulting from acts of violence	[a]	84
Abduction of personnel	99	167
Armed attacks on premises	[a]	43
Intrusion into premises	[a]	71
Armed attacks on vehicles	[a]	129
Lost vehicles	[a]	45
Other unspecified critical incidents (as recorded by the Department of Safety and Security in previous years)	90	
Total	**233**	**631**

[a] Not previously recorded.

Annex V

Security incidents affecting area staff of the United Nations Relief and Works Agency for Palestine Refugees in the Near East

	Number of area staff affected	
Category of security incident	*2014*	*2015*
Fatalities resulting from acts of violence	18	..
Fatalities resulting from safety-related incidents	..	..
Injuries resulting from acts of violence	52	8
Injuries resulting from safety-related incidents	3	4
Abduction	5	2
Robbery	15	5
Residence break-in	2	..
Aggravated assault	33	28
Sexual assault	1	..
Burglary of residence	2	..
Intimidation	39	41
Harassment	7	2
Arrest and detention	40	21
Missing personnel	1	1
Total	**218**	**112**

United Nations A/70/384

General Assembly

Distr.: General
22 September 2015
English
Original: Russian

Seventieth session
Agenda item 124
Interaction between the United Nations, national parliaments and the Inter-Parliamentary Union

Letter dated 14 September 2015 from the Permanent Representative of the Russian Federation to the United Nations addressed to the Secretary-General

I have the honour to transmit a copy of a note verbale dated 11 September 2015 from the Permanent Mission of the Russian Federation to the United Nations addressed to the United States Mission to the United Nations (see annex).

I should be grateful if the present letter and its annex could be circulated as a document of the seventieth session of the General Assembly under agenda item 124.

(*Signed*) V. **Churkin**

15-16123 (E) 240915 290915

Please recycle

Annex to the letter dated 14 September 2015 from the Permanent Representative of the Russian Federation to the United Nations addressed to the Secretary-General

[Original: English]

Note verbale dated 11 September 2015 from the Permanent Mission of the Russian Federation to the United Nations addressed to the United States Mission to the United Nations

The Permanent Mission of the Russian Federation to the United Nations presents its compliments to the United States Mission to the United Nations and expresses its strong protest regarding the decision of the United States Administration to deny participation to the Chair of the Council of the Federation of the Federal Assembly of the Russian Federation, Valentina Matvienko, in the events held under the auspices of the Inter-Parliamentary Union (IPU) in New York from 31 August to 2 September 2015.

The Permanent Mission reiterates that, in the United Nations Millennium Declaration and in the 2005 World Summit Outcome, Heads of State and Government resolved to strengthen further cooperation between the United Nations and national parliaments through their world organization, the Inter-Parliamentary Union, in all fields of work of the United Nations.

The Permanent Mission also reiterates that IPU holds observer status in the General Assembly. A high level of cooperation between the United Nations and IPU has been regularly confirmed in Assembly resolutions, including 52/7, 53/13 and 54/12. These resolutions attest to the great importance that the Assembly has been consistently attributing to IPU events, including the World Conference of Speakers of Parliament.

General Assembly resolution 68/272 was adopted by consensus on 19 May 2014 with a view to further strengthening cooperation between the United Nations and IPU. In paragraph 5 thereof, the General Assembly envisaged holding the Fourth World Conference of Speakers of Parliament "at United Nations Headquarters in New York as part of the series of high-level meetings in 2015". This demonstrates not only the close link between IPU and the United Nations but also the clear intention of the Assembly to consider this particular IPU event as part of "official United Nations business" within the meaning of section 11 of the agreement between the United Nations and the United States of America regarding the Headquarters of the United Nations.

In this regard, actions by the authorities of the United States in respect of Mrs. Matvienko contradict the obligations borne by the United States as the host country of the United Nations and go against the resolutions of the General Assembly on cooperation between the United Nations and IPU, adopted with the support of the United States. Denial of the right to participate in the work of IPU to parliamentarians, in particular the speakers of parliaments, impairs the right of the Assembly to independently choose partners for dialogue in order to discuss any matters within the scope of the Charter of the United Nations, affecting the functioning of the United Nations system as a whole.

Obstruction by the United States of the inter-parliamentary dialogue, the work of universal inter-parliamentary organizations and their cooperation with the General Assembly runs counter to the duty of States to cooperate with each other in accordance with the Charter, which is enshrined in the 1970 Declaration of Principles of International Law concerning Friendly Relations and Cooperation among States in accordance with the Charter of the United Nations.

United Nations A/70/385–S/2015/727

General Assembly
Security Council

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22 September 2015
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Original: Arabic

General Assembly
Seventieth session
Agenda item 108
Measures to eliminate international terrorism

Security Council
Seventieth year

Identical letters dated 21 September 2015 from the Permanent Representative of the Syrian Arab Republic to the United Nations addressed to the Secretary-General and the President of the Security Council

On instructions from my Government, I wish to transmit the following information:

The United Nations is currently marking the tenth anniversary of the adoption of Security Council resolution 1624 (2005), which prohibits incitement to violence and terrorism. We are also approaching the fourteenth anniversary of the adoption of Security Council resolution 1373 (2001) on counter-terrorism, which followed the terrorist attacks in New York on 11 September 2001. On this occasion, the Government of the Syrian Arab Republic once again calls on the United Nations, its competent entities and its Member States to make a genuine and sincere commitment to fighting terrorism; to fully and decisively enforce the texts that we have adopted over the years; to hold States sponsors of terrorism to account; and to prevail on them to refrain from violating international law and the Charter of the United Nations.

Terrorists have been targeting the State and people of Syria for over four years, and they have now reached an unprecedented degree of criminality and savagery. We have described to the Security Council the acts of terrorism that have taken place in Syria. Most recently, terrorist groups launched missiles at the cities of Damascus and Aleppo and other Syrian towns and villages and their facilities and infrastructure. On 14 September, two blasts struck the city of Hasakah. These and other terrorist acts require a strong international commitment to tackling the roots of terrorism and its sources of funding. Despite their importance, resolutions 1267 (1999), 1373 (2001), 1624 (2005), 2170 (2014), 2178 (2014) and 2199 (2015) have unfortunately been neglected in numerous cases, whether because certain Member States believe that they are safe from terrorism and violent extremism, or because certain other States face a gap in means and capacities, or because Governments lack political will or are directly or indirectly involved in supporting or glorifying terrorism or in inciting violence, terrorist acts and barbaric crimes.

15-16126 (E) 250915 300915

Please recycle

The counter-terrorism resolutions of the Security Council require all Member States to take a set of legislative and practical measures that are necessary in order to fight the scourge of terrorism, which poses a threat to international peace and security. Yet the Governments of certain States Members of this Organization, particularly Saudi Arabia, Turkey and Qatar, continue to provide every form of support for terrorism and terrorists, including funds and weapons, extremist *takfirist* ideology and foreign mercenary recruits. The Governments of certain other States, some of which are members of the Security Council, have continued to politicize counter-terrorism issues. They take a frankly ideological approach to the topic, turning a blind eye to the glaring violations committed by State sponsors of terrorism, which ought to be held rigorously accountable. Citing pretexts that have become all too familiar to everyone, certain Member States have let their territory become a safe haven for extremist groups, which have free rein to incite violence and terrorism, spread their hateful rhetoric and sow discord among religions. What are the Security Council and the United Nations doing about all of this?

The United Nations should also prevent the Erdoğan regime in Turkey from exploiting the suffering of Syrian citizens who have been displaced by Turkish-backed terrorists and by the unilateral coercive measures imposed on Syria by certain Member States. The Turkish regime has forced those people to flee in order to create a large-scale humanitarian crisis. Turkey believes that such a crisis will bring Europe and the United States to establish a terrorist hotbed in northern Syria. As part of the same endeavour, Turkey has asked to have an item regarding the Syrian refugees included on the agenda of the General Assembly. That step paves the way for Turkey to exploit the so-called international humanitarian summit, which will take place in 2016 in Istanbul, in order to promote Turkey's craven agenda and trade on the suffering of the Syrians.

The Government of the Syrian Arab Republic reiterates that all parties must coordinate with it in advance and cooperate fully in order to eliminate terrorism as represented by Islamic State in Iraq and the Levant (ISIL), the Nusrah Front and other terrorist organizations, entities, groups and individuals associated with the Al-Qaida organization, which are active on Syrian and Iraqi territory and pose a threat to regional and international peace and security. The United States, Britain, France, Canada and Australia have sought to justify their intervention in Syria by citing the fight against ISIL. They have invoked Article 51 of the Charter of the United Nations, but have not consulted with the Syrian Government. That course of action distorts the provisions of the Charter and manipulates international law. Such an assault on Syrian sovereignty will merely give terrorism a freer hand. The only productive way to combat terrorism remains the establishment of an effective international coalition within the framework of international law and with the participation of concerned States, particularly Syria, which is the main party confronting terrorism in the region.

I should be grateful if you would have the present letter issued as a document of the General Assembly, under agenda item 108, and of the Security Council.

(*Signed*) Bashar **Ja'afari**
Ambassador
Permanent Representative

United Nations A/70/386

General Assembly

Distr.: General
22 September 2015

Original: English

Seventieth session
Agenda item 13
Improving global road safety

Improving global road safety

Note by the Secretary-General

The Secretary-General hereby transmits the report on improving global road safety, prepared by the World Health Organization in consultation with the United Nations regional commissions and other partners of the United Nations Road Safety Collaboration.

15-16136 (E) 071015

Please recycle

Improving global road safety

Summary

The report, prepared by the World Health Organization in cooperation with the United Nations regional commissions and other partners of the United Nations Road Safety Collaboration, provides an update on the implementation of the recommendations contained in General Assembly resolutions 58/289, 60/5, 62/244, 64/255, 66/260 and 68/269. It provides a description of activities and achievements by the global road safety community in pursuance of the objectives of the Decade of Action for Road Safety (2011-2020) since the previous report (A/68/368). Given that 2015 marks the midpoint of the Decade, there is a need to take stock of activities and events by Governments and other stakeholders to implement the recommendations made in the resolutions and to meet the goal of the Decade. Governments and other stakeholders continue to draw attention to the problem around the world and to prepare for high-level events that will drive action during the next half of the Decade to reduce road traffic accidents and their consequences for public health and development. The report contains recommendations to the Assembly for achieving the goals of the Decade.

I. Introduction

1. Annually, some 1.24 million people are killed on the world's roads and up to 50 million are severely injured. The African region has the highest fatality rate and the European region the lowest. Half of all road traffic deaths involve vulnerable road users, which include pedestrians, motorcyclists and cyclists. While countries have attempted to address the key risk and protective factors such as speeding, drinking and driving, the non-use of motorcycle helmets, seat belts and child restraints, as well as infrastructure and vehicle safety through legislation and other measures, enforcement in many areas remains weak.

2. On the basis of the mandate to coordinate road safety activities conferred on it by the General Assembly in resolution 58/289, the World Health Organization (WHO) continues to cooperate closely with the United Nations regional commissions and the 80 member organizations of the United Nations Road Safety Collaboration. WHO convenes meetings of the Collaboration twice a year to update and plan activities among organizations with common interests.

3. Since 2004, the General Assembly, in several resolutions, has called attention to the global road safety crisis and the need for improvement. In its resolution 68/269, the Assembly reiterated its invitation to Governments to take a leading role in implementing the activities of the Decade of Action for Road Safety (2011-2020), while fostering multisectoral collaboration; invited Member States, international organizations, development banks and private sector companies, among others, to consider providing adequate and additional funding to activities relating to the Decade; encouraged Member States and the international community to take road safety into due consideration in the elaboration of the post-2015 development agenda; and welcomed the offer by the Government of Brazil to host the second high-level global conference on road safety, to be held in 2015.

4. The present report is the third submitted in response to General Assembly resolution 64/255 (2010), in which the Assembly proclaimed the period 2011-2020 as the Decade of Action for Road Safety, with the goal to stabilize and reduce the forecasted level of road traffic deaths in the world. It provides a description of activities by United Nations organizations, global road safety agencies, the private sector and civil society since the previous report (A/68/368) and covers the period from September 2013 to August 2015.

II. Progress on the Decade of Action for Road Safety

5. In its resolution 68/269, the General Assembly invited the Secretary-General to continue to promote effective international cooperation on road safety issues, including in the broader context of sustainable transport, and encouraged further efforts to strengthen coordination of the work of the United Nations system. The Secretary-General appointed a special envoy for road safety to assist in mobilizing sustained political commitment by advocating adherence to and raising awareness about the United Nations legal instruments on road safety, sharing good practices through participation in global and regional conferences and generating funds for advocacy efforts. The Economic Commission for Europe (ECE) provides secretariat support to the Special Envoy. Since his appointment, the Special Envoy has held bilateral high-level meetings with national Governments, agencies of the United

Nations system, international institutions and non-governmental organizations in Africa, the Americas, Asia and Europe. A structured process of consultations with relevant stakeholders has also been launched.

6. Also in its resolution 68/269, the General Assembly welcomed the offer by the Government of Brazil to host the second high-level global conference on road safety in 2015. The conference, to be held on 18 and 19 November 2015 in Brasilia, is an opportunity to assess progress and bring new impetus to the Decade of Action by reaffirming country commitments and proposing new strategies for the next five years, in the light of the sustainable development goals. The Government has set up a national organizing committee and a website for information about the conference, registration and requests for side events (www.roadsafetybrazil.com.br/en). The programme includes discussion of key achievements in the Decade, next steps to accelerate progress towards achieving the goal of the Decade, key strategies and activities needed to achieve the reduction in road safety fatalities included in the proposed sustainable development goals, and setting national and global targets and indicators for road safety. The expected outcome document is a declaration on road safety, which will encourage, among other things, a transparent and participatory multisectoral process to develop national, regional and global targets to reduce road traffic fatalities. A briefing for Member States and missions was held during the sixty-eighth World Health Assembly, in 2015. The content of the declaration was developed through a month-long online open consultation, as well as informal intergovernmental negotiations in March, June and September 2015.

7. In the same resolution, the General Assembly requested WHO and the United Nations regional commissions to facilitate the organization of activities during 2015 for the third United Nations Global Road Safety Week. Events in at least 105 countries involving multisectoral road safety stakeholders marked the Week and its campaign #SaveKidsLives, highlighting the plight of children on the world's roads to generate action to better ensure their safety. Events around the world included children delivering the Child Declaration for Road Safety to policymakers; children reporting on road safety in national or local media; improving road safety on routes to and from schools and around school grounds; promoting the wearing of helmets for child cyclists and motorcyclists; advocating the use of child restraints; showing children how to safely cross roads; offering first aid demonstrations; remembering child victims of road traffic accidents; hosting the European Union Open Doors Day, dedicated to road safety; organizing the Child Road Safety in the Americas Congress, held in San José; and presenting the Child Declaration for Road Safety to the Executive Director of the United Nations Children's Fund (UNICEF), the Special Envoy of the Secretary-General for Road Safety, the WHO Director for Management of Non-Communicable Diseases, Disability, Violence and Injury Prevention, the celebrity road safety ambassadors, Michelle Yeoh and Zoleka Mandela, and officials of New York City. WHO released a document containing 10 strategies for keeping children safe on the road, an infographic and related material. Coverage of the Week featured prominently on social media and was reflected in local print and broadcast media in many settings.[1]

8. Also in the same resolution, the General Assembly reaffirmed the importance of continuing to raise awareness about global road safety through the World Day of Remembrance for Road Traffic Victims, on the third Sunday of November every

[1] See www.who.int/roadsafety/week/2015/en/.

year. In 2013, the focus of the Day was on "Roads that are safe for all". In 2014, the theme of the day was "Speed kills — design out speed", which focused on the need for improved vehicle safety and for consumer information about the safety performance of motor vehicles and minimum crash test standards.

III. International legal instruments, resolutions and policy instruments

9. In its resolution 68/269, the General Assembly encouraged Member States that had not yet done so to consider enacting comprehensive legislation on key risk and protective factors in order to increase the proportion of countries with comprehensive legislation to 50 per cent by the end of the Decade of Action. The Assembly further encouraged Member States to strengthen their enforcement of existing road safety legislation on the risk factors.

10. The harmonization of international road traffic safety standards continued at ECE. At the time of preparation of the present report, the number of contracting parties to the 1949 Convention on Road Traffic was unchanged, at 95. One new contracting party joined the 1968 Convention on Road Traffic, bringing the total number to 73, and another joined the 1968 Convention on Road Signs and Signals, bringing the total number of contracting parties to 63. Two contracting parties joined the 1971 European Agreement supplementing the 1968 Convention on Road Traffic, bringing the total number to 35, and one contracting party joined the 1970 European Agreement concerning the Work of Crews of Vehicles engaged in International Road Transport, bringing the total number to 51.

11. Most countries with a major automotive industry are contracting parties to two main United Nations international agreements: the 1958 Agreement concerning the Adoption of Uniform Technical Prescriptions for Wheeled Vehicles, Equipment and Parts which can be fitted and/or be used on Wheeled Vehicles and the Conditions for Reciprocal Recognition of Approvals Granted on the Basis of these Prescriptions and the 1998 Agreement concerning the Establishing of Global Technical Regulations for Wheeled Vehicles, Equipment and Parts which can be fitted and/or be used on Wheeled Vehicles. A mutual resolution for the two agreements has been developed to ensure consistency between them.

12. ECE organized four global and regional events to raise awareness about the United Nations conventions and agreements and to provide technical assistance to countries for accession. They were the Europe-Asia Road Safety Forum, held in New Delhi in December 2013, organized in partnership with the Ministry of Road Transport and Highways of India, the Institute of Road Traffic Education and the International Road Transport Union and in collaboration with the Economic and Social Commission for Asia and the Pacific (ESCAP); the United Nations Road Safety Treaty Day, held at United Nations Headquarters in June 2014, in collaboration with the Office of Legal Affairs, the Regional Commissions New York Office and the International Road Transport Union; and two workshops on improving road safety in Africa, held in Addis Ababa, for English-speaking countries in November 2014, and for French-speaking countries in July 2015, in partnership with the Economic Commission for Africa (ECA). ECE also undertook awareness-raising activities and seminars to promote the United Nations legal

instruments on road safety, jointly with the Euromed transport project sponsored by the European Union.

13. The ECE Working Party on Road Traffic Safety met five times between September 2013 and August 2015, in Geneva and New Delhi. The Working Party, together with the World Forum for Harmonization of Vehicle Regulations, reviewed and considered proposals for amendments to the 1968 Convention on Road Traffic to maintain consistency between the Convention and the provisions of vehicle regulations adopted in the framework of the 1958 and 1998 agreements, such as advanced driver assistance systems.

14. During the biennium, the Working Party on the Transport of Dangerous Goods adopted several amendments to the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR), which entered into force in January 2015. They refer to parts 8 and 9 of ADR, providing requirements for vehicle crews, equipment, operation and documentation, and for the construction, type approval of vehicles, ADR approval and annual technical inspection. A new edition of ADR was published in 2015.

15. The International Maritime Organization/International Labour Organization/ECE Guidelines for Packing of Cargo Transport Units (CTU Code) were endorsed in 2014 and became effective in 2015. These non-mandatory guidelines are intended to increase safety in the handling of containers and reduce the number of incidents across transport modes attributed to poor practices in the packing of cargo transport units and incorrect declaration of contents, which have an impact on the public or transport and supply chain workers. The CTU Code can also be used as a reference base for national regulations.

16. Access to emergency and essential services is extremely limited in many parts of the world, resulting in treatable road traffic injuries leading to death or disability. In its resolution 68/269, the General Assembly invited Member States to develop and implement comprehensive policies on post-crash care and, in May 2015, the sixty-eighth World Health Assembly adopted resolution WHA68.15 on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage. In that resolution, the World Health Assembly highlighted the importance of expanding access and improving the quality and safety of services; strengthening the surgical workforce; improving data collection, monitoring and evaluation; ensuring access to safe anaesthetics; and fostering global collaboration and partnerships. The resolution will help countries to adopt and implement policies to integrate safe, high-quality and cost-effective surgical care into their health systems.

IV. Technical support and collaboration

17. Described below are activities along the five pillars of the Global Plan for the Decade of Action for Road Safety.

A. Pillar 1: Road safety management

18. The Joint Meeting of the RID Committee of Experts and the Working Party on the Transport of Dangerous Goods continued its work on how to use intelligent

transport systems to improve safety and security in the transportation of dangerous goods through two meetings of the informal working group on telematics in 2013 and 2014, and ongoing tests in real conditions with the objective of delivering an interoperable system of transport telematics for the safe and secure transport of dangerous goods by road. A pilot database that is being tested was developed by ECE to facilitate reporting and distribution of information regarding involving dangerous goods. Furthermore, to mitigate the road safety threat caused by transport of oil and by-products on the roads, in 2013 ECE published and widely distributed the ADR road map to promote and facilitate the implementation of ADR.[2]

19. To further strengthen recognition of the road safety situation in Africa, ECA, in collaboration with ECE, organized a workshop on United Nations road safety conventions and approaches to preventing drinking and driving, held in Addis Ababa in November 2014. At the workshop, participants from African English-speaking countries reviewed progress in the implementation in Africa of pillar 1, Road safety management, and pillar 4, Safer road users. Several recommendations were made on preventing drinking and driving and surveys on the issue were undertaken in Cameroon and the United Republic of Tanzania as part of the workshop. Another workshop was held for French-speaking African countries in Addis Ababa in July 2015, as part of which a survey on drinking and driving was undertaken in Burkina Faso.

20. ECE held a regional multisectoral road safety workshop in Belgrade in October 2014, in partnership with the Government of Serbia and the Regional Cooperation Council in Belgrade, with the support of the World Bank and the Government of Italy, to discuss such issues as the establishment of a lead agency or other coordinating bodies, developing a national strategy, setting realistic and long-term targets, funding and data support systems for monitoring and evaluation. In addition, ECE, in collaboration with ESCAP and the Economic Commission for Latin America and the Caribbean (ECLAC), under the United Nations Development Account, is undertaking a project to strengthen the national road safety management capacity of selected countries. The project builds on the results of a previous project funded under the Development Account, entitled "Improving global road safety: setting regional and national road traffic casualty reduction targets", which successfully supported Governments in low-income and middle-income countries to develop regional and national road safety targets and to exchange experiences on good practices for achieving those targets by 2015.

21. ECLAC continued to raise the profile of road safety issues at the national and regional levels and helped to improve road safety reforms through better use of data. ECLAC has established road safety as a key component of the logistics and mobility policy for Central American countries and also joined the region's efforts in enhancing its data collection system, in close coordination with the Pan American Health Organization (PAHO) and with subregional institutions such as the Central American Economic Integration Secretariat and the Mesoamerican Integration and Development Project. ECLAC has provided assistance to the national road safety agencies, such as the national commission for road safety of Chile, and to the relevant activities of multilateral banks, non-governmental organizations and universities aimed at improving policies and data systems in the region.

[2] Available from www.unece.org/trans/danger/publi/adr/adr_roadmap.html.

22. In February 2015, PAHO hosted a meeting in Bogotá with representatives of Belize, Colombia, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Mexico and Panama to identify the main elements of a proposed plan of action on road safety for Mesoamerica and share preliminary ideas of plans in cities.

23. In August 2014, Monash University Injury Research Institute, a WHO collaborating centre in Melbourne, Australia, hosted a regional training session on safe systems for a multisectoral group of senior officials from Cambodia, China, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines, Samoa and Viet Nam. The interactive programme was designed around Victoria, the successful introduction in Australia of the safe systems approach to road safety and how the experience acquired and lessons learned might be adapted for implementation in developing countries.

24. ESCAP provided technical assistance to member countries to promote the harmonization of road traffic rules, road signs and signals and the implementation of the 1968 Convention on Road Traffic and the 1968 Convention on Road Signs and Signals through national workshops, including in Sri Lanka and Viet Nam, and a four-week training programme on road safety and traffic management, in collaboration with the Asian Institute of Technology Extension in Bangkok, for officials from the Democratic People's Republic of Korea in January and February 2014.

25. In December 2013, ESCAP and ECE, in collaboration with the Ministry of Road Transport and Highway of India and the Institute of Road Traffic Education, organized the first Europe-Asia Road Safety Forum, held in India. The Forum provided opportunities for stakeholders in Asia and Europe to share knowledge and experience and to discuss key benefits and challenges facing ESCAP member countries in acceding to and implementing the United Nations road safety conventions.

26. To foster better road safety management in its operations, the European Investment Bank launched an action plan for road safety in mid-2014, followed by road safety guidelines for its operations in 2015. The Bank also requires road authorities to adopt best practices for road safety in the planning, design and operation of roads financed by the Bank, supported by technical assistance for national authorities financed through regional funds, as needed.

27. The Inter-American Development Bank has helped countries, including Argentina, Colombia and Jamaica, to implement their national road safety plans through institutional strengthening. The operation in Jamaica has resulted in a pilot project to set up a road safety observatory. The initiative is part of a larger effort to include Caribbean countries in the Inter-American Road Safety Observatory, of which the Inter-American Development Bank, the Andean Development Corporation, the Organization for Economic Cooperation and Development (OECD) and the World Bank are important partners.

28. Development banks participating in the Multilateral Development Bank Road Safety Initiative[3] continued to harmonize practices. In May 2014, the Andean Development Corporation published guidelines for road safety projects of the Bank

[3] See http://siteresources.worldbank.org/INTTOPGLOROASAF/Resources/WB_GRSF_MDB_web.pdf.

within the framework of the Initiative. In March 2015, the Initiative became an official working group under the Sustainable Transport Working Group of the Bank.

29. Several documents have been published in the field of road safety management, such as: the United States National Highway Traffic Safety Administration and the Institute for Road Traffic Education draft legal structure for traffic safety for two-wheeled vehicles using international standards (March 2015); the white paper commissioned by the National Highway Traffic Safety Administration on two-wheeler safety in South-East Asia; the publication *Breaking the Deadlock: A Social Impact Investment Lens on Reducing Costs of Road Trauma and Unlocking Capital for Road Safety*,[4] developed by advisers to the Group of Eight Social Impact Task Force commissioned by the FIA Foundation for the Automobile and Society, outlining the potential for social impact investment to provide the bridge between the annual cost of road trauma to emergency services, health, welfare, insurance and economic growth representing 1 to 5 per cent of gross domestic product and the solutions such as safer roads, safer vehicles and safer road users.

30. The Monash University Accident Research Centre, in collaboration with the University of Adelaide Centre for Automotive Safety Research, hosted a five-day executive road safety leadership training session in Melbourne in November 2014, attended by senior government officials from Australia, India, South Africa and Trinidad and Tobago. South Africa has committed to ongoing executive training during the Decade of Action.

B. Pillar 2: Safer roads and mobility

31. Governments, development banks and automobile club partners working with the International Road Assessment Programme (iRAP)[5] worldwide are actively setting star rating policy targets to systematically improve road infrastructure safety. This includes targets for no one-star or two-star roads by 2020 in the Netherlands, four-star roads of national importance in New Zealand, 90 per cent of travel on three-star or better roads in the United Kingdom of Great Britain and Northern Ireland and recommendations for four-star roads for pedestrians through linear settlements from the Asian Development Bank. The World Bank has supported the State-led specification of minimum three-star design standards for corridor projects in Karnataka State in India, and the Fund for Global Health has established a three-star road coalition to advocate that roads in developing countries be built to a minimum three-star safety standard for all road users. iRAP has developed a star rating policy fact sheet to support the development of road infrastructure policy instruments worldwide. Star ratings assessments have been undertaken on more than 200,000 km of roads in countries in the past two years, including Brazil, China, Egypt and India, with the support of the Global Road Safety Facility and Bloomberg Philanthropies, and many roads are under construction to improve their star rating. In addition, the ChinaRAP team at the Research Institute of Highway is guiding the State Council-endorsed "Highway safety to cherish life" project, which will make safety improvements to roads on which millions of people travel each day. The Government of Mexico has undertaken more than 40,000 km of reassessments to

[4] Available from www.fiafoundation.org/connect/publications/breaking-the-deadlock.

[5] See www.irap.org/en/.

measure improvement in star ratings across the country following targeted investment to improve safety. The European Union-supported SENSoR projects assessed high-risk roads in 14 countries in South-East Europe, with countries such as Slovakia and Slovenia implementing star rating targets and upgrading roads based on the iRAP recommendations. In the United States of America, Utah and Alabama have begun assessments of more than 200,000 km of roads. Australia has set a target for more than 50 per cent of all key routes to be assessed by the end of 2017. iRAP assessments have also been undertaken in Brunei Darussalam, Chile, Cambodia, Indonesia, Japan, the Netherlands, Papua New Guinea, Qatar, the Republic of Korea, South Africa, Spain, Ukraine and Uruguay, as well as in the Cayman Islands. Capacity-building programmes and resources have been developed to promote safer roads and mobility.

32. The European Investment Bank has implemented the European Union directives on road safety through mandatory procedures on projects on the trans-European road network and all relevant road projects outside the European Union since 2011. The application of the mandatory procedures was streamlined during 2014 and 2015, including road safety impact assessments, audits and inspections, depending on the type and scope of the project.

33. The Inter-American Development Bank has supported the implementation of a road safety component on the Pacific Corridor Acceleration Project, which is under the umbrella of the Mesoamerican Integration and Development Project to identify potential crash hotspots using the iRAP methodology and a public awareness campaign entitled "Road safety caravan: safe roads for all".

34. A focus on improving child road safety has been deployed using the iRAP star rating of schools to target, implement and measure the safety of roads around schools. Together with partners, including the Janssen Pharmaceutical Companies of Johnson & Johnson, the FIA Foundation, the Road Safety Fund, FedEx, Safe Kids Worldwide, Takalani Sesame, WorleyParsons and Iveco, pilot projects have been completed and roads upgraded in Mexico City and Cape Town, South Africa, in partnership with the local road agencies.

35. The Geneva Programme Centre of the International Road Federation launched a road safety challenge in March 2015. The Federation has brought together ministers from Africa under the auspices of the African Union, the World Bank and ECA to encourage specific and measurable actions and launch a debate on data collection. An Africa chapter of the Federation has been established. At the third African Road Safety Conference, held in Addis Ababa in July 2015, participants from English-speaking and French-speaking African countries undertook a midterm review of the African Road Safety Action Plan, considering the progress of implementation of all pillars of the Decade. The Conference was organized by ECA, in collaboration with the African Union Commission, the International Road Federation, the African Transport Policy Programme, the Global Road Safety Facility and the African Development Bank, and focused on data, institutional capacity-building, financing, safe infrastructure and advocacy.

36. In April 2015, the United States Department of Transportation signed a memorandum of cooperation with the Minister of Road Transport, Highways and Shipping of India and, in June 2015, with the Minister of Transport of South Africa to provide technical assistance and share best practices on transportation topics, including road safety and urban transport planning. In June 2015, the Department

hosted a workshop with the Department of Transport of South Africa on best practices in urban transport planning.

37. An increasing number of countries have used road safety audits for new road projects and road safety inspections for existing roads, for which the World Road Association has produced guidelines that take into account the human factors for the understanding and assessment of road safety hazards. Guidelines for road safety audits and inspections have been the basics for the implementation of road safety management in a World Bank project in Kazakhstan (2013-2014) and the Transport Corridor Europe-Caucasus-Asia project of the European Investment Bank in Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan (2014-2015).

C. Pillar 3: Safer vehicles

38. The World Forum for Harmonization of Vehicle Regulations continued to prescribe performance-based requirements for intelligent vehicle systems and to incorporate them into the United Nations regulations annexed to the 1958 Agreement and into the Global Technical Regulations developed in the framework of the 1998 Agreement. New United Nations regulations pertain to the safety-related performance of hydrogen-fuelled vehicles in case of a crash and provisions on side impact performance and heavy-duty vehicle brake systems.

39. Regarding intelligent transport systems, ECE and the International Telecommunication Union organized symposiums on the theme "The future networked car" in 2014 and 2015. In November 2014, ECE and the Federal Public Service Mobility and Transport of Belgium organized a workshop following the ECE Road Map for promoting intelligent transport systems, which includes global action on harmonizing policies to ensure data security.

40. The 2014 annual meeting of the Global New Car Assessment Programme, a platform for collaboration among assessment programmes worldwide, was hosted by the China New Car Assessment Programme and held in Tianjin, China, in October, with assistance from Bloomberg Philanthropies and the FIA Foundation. The meeting featured progress reports from new assessment programmes in Latin America and the Association of Southeast Asian Nations region; both regions have significantly increased the number of "five-star" results in their crash test ratings, which confirms the effectiveness of these programmes in promoting vehicle safety. The Global New Car Assessment Programme has also launched the Safer Cars for India project, which has tested some top-selling models from the Indian market, acting as a catalyst for the Government to commit itself to introducing front-impact and side-impact standards in October 2017, and also encouraged some major car makers to make safety improvements by improving body shell strength and fitting airbags. The Programme published a report, *Democratizing Car Safety — A Road Map for Safer Cars 2020*,[6] in which it is highlighted that millions of new cars are currently being sold that do not meet the United Nations minimum safety standards and thus lack life-saving technologies such as airbags, crumple zones and electronic stability control. The road map contains 10 recommendations, which, among other things, encourage Governments and manufacturers to apply United Nations crash

[6] Available from www.globalncap.org/resources/.

test regulations standards and provide incentives for consumers to purchase safer cars to ensure that by 2020 all new cars comply with the United Nations regulations on front and side crashworthiness, pedestrian protection and electronic stability control. The Programme has also published a fleet safety guide and safer car purchasing policy for 2014-2015, which advises and encourages public and private fleet managers to buy five-star models using rated results from recognized new car assessment programmes, wherever possible.

41. The Inter-American Development Bank is sponsoring a Latin new car assessment programme, the first vehicle safety programme for Latin America and the Caribbean using crash tests, with such partners as the International Automobile Federation and the Gonzalo Rodriguez Foundation. The programme has tested and rated more than 50 vehicles from 18 automobile firms in countries in the region.

D. Pillar 4: Safer road users

42. As part of the Bloomberg Philanthropies Global Road Safety Programme (2010-2014), WHO provided capacity-building activities through workshops on improving road safety legislation in 2013 and 2014 in Geneva, attended by representatives of the Governments and civil society of the nine project countries (Brazil, Cambodia, China, India, Kenya, Mexico, Russian Federation, Turkey and Viet Nam). Complementary workshops were held in 2014 in Brasilia and Curitiba, Brazil, in Beijing, and in two localities in Kenya. On the basis of the experiences and lessons learned from the workshops, WHO published *Strengthening Road Safety Legislation: A Toolkit for Road Safety Legislation Workshops*[7] in December 2014 to assist road safety practitioners and lawyers to organize technical road safety legislation workshops. In addition, a summary document was issued on the same topic targeted at government decision makers on the need for improved road safety legislation.[7]

43. The Inter-American Development Bank, the International Automobile Federation and MTV have supported Project "Luz Amarilla" in 2014 and 2015, a video competition designed for young people and traffic accident victims, to create road safety messages that promote awareness and behavioural changes. The project was based on Project Yellow Light, designed by the parents of a teenager killed in a vehicle crash in the United States. In addition, the Bank financed a pilot project entitled "Calles seguras" in three elementary and nursery schools in Costa Rica in 2014-2015, with the participation of the Road Safety Council and Sesame Workshop, with key messages about traffic safety targeting children, their parents and teachers.

44. Building on the experience of the helmet programme in Viet Nam, the Global Helmet Vaccine Initiative, launched by the AIP Foundation and its partners in Asia, Africa and Latin America, continues to encourage policy changes and investment decisions to improve and sustain motorcycle helmet use. Examples include the "Head safe. Helmet on" campaign in Cambodia in 2014-2015, sponsored by the United States Agency for International Development with technical assistance from the United States Centers for Disease Control and Prevention; the "7 per cent project" in Thailand, launched in November 2014, a three-year initiative jointly

[7] Available from www.who.int/violence_injury_prevention/publications/road_traffic/en/.

implemented by the AIP Foundation and Save the Children, focusing on school-based programmes, behavioural change communications, and enforcement to increase helmet use and awareness about helmet-wearing among children; the third phase of the Uganda Helmet Vaccine Initiative's "Your life is your wealth — wear a helmet!" campaign, with funding support from CrossRoads — the Department for International Development of the United Kingdom and the European Union, launched in February 2015; a road safety pilot project to reduce the number of road crashes, fatalities and injuries in communities around a refinery and petrochemical construction site in Viet Nam, launched in 2014; and ongoing commitments for "Helmets for kids" by Johnson & Johnson, the UPS Foundation and other corporate supporters.

45. Under a memorandum of collaboration of 2012 between the United States National Highway Traffic Safety Administration and the Institute for Road Traffic Education, the Traffic Safety Administration provided technical assistance in March 2015 to develop and open the first alcohol breath test device certification laboratory in India.

46. In June 2014, the Gonzalo Rodriguez Foundation and the MAPFRE Foundation published a research report on child restraint systems in Latin America and the Caribbean, containing an analysis on the feasibility of implementing their use as mandatory[8] and addressing the feasibility of mandatory use of child restraints in Argentina, Chile, Paraguay, Peru and Uruguay.

E. Pillar 5: Post-crash response

47. WHO hosted the biennial meeting of the WHO Global Alliance for Care of the Injured[9] from 16 member States and 11 international organizations to discuss overall strategy for the Alliance, coordination and standardization of WHO trauma data collection efforts, and metrics and indicator development. The Alliance is an international collaborative network of governmental, intergovernmental and non-governmental organizations, including professional societies, which works to improve pre-hospital, hospital and rehabilitation care for the injured. The WHO Trauma Systems Assessment Tool and the Minimum Data Set for Injury underwent a review by the Alliance and will be released later in 2015.

48. In March 2015, the Federación Iberoamericana de Asociaciones de Víctimas contra la Violencia Vial and the MAPFRE Foundation published a research report on the post-crash response in Ibero-American countries,[10] defining a framework for post-crash response and examining the situation of crash victims in 13 countries of Latin America and Portugal and Spain.

49. The Global Alliance of NGOs for Road Safety has grown to include more than 140 members from 90 countries. In Marrakech, Morocco, in March 2015, it held its fourth global meeting, with capacity development training sessions on data analysis and fundraising. A debate on alcohol sponsorship was also held, which included evidence on the scale of alcohol-related harm. The Alliance has established a

[8] Available from http://bit.ly/1paoT8k.

[9] See www.who.int/violence_injury_prevention/services/gaci/en/.

[10] Available from www.fundacionmapfre.org/fundacion/es_es/seguridad-vial/investigacion/respuesta-siniestros-transito-iberoamerica.jsp.

post-crash survivors-led working group for which the European Federation of Road Traffic Victims has produced a concept note on justice and the post-crash response.[11]

V. Advocacy

50. Several meetings of the Friends of the Decade, an informal group of Governments and international agencies instrumental in shaping the agenda for the Decade of Action for Road Safety, have been held since the previous report. These include meetings in Brazil, Sweden and Switzerland. On 14 November 2014, the Government of Brazil and WHO hosted a meeting of the Friends of the Decade on preparations for the second high-level global conference on road safety, to be held in November 2015. The meeting brought together representatives of nine member States and six international agencies. Participants took decisions relating to the theme for the conference and the desired outcomes, the programme and the invitation process, among other things. Two additional meetings were held to continue to provide input and guidance for the conference.

51. In May 2014, some 100 policymakers, donors and private sector representatives convened for the annual Decade of Action policy and donor forum to raise awareness about the Decade and mobilize the interest of participants to support it in specific ways. The forum was opened by a representative of the Office of the Prime Minister of Australia. The actress Michelle Yeoh made pleas for the inclusion of road safety in the post-2015 development agenda and for active participation in the United Nations My World 2015 global survey. The forum was part of a global week of action to encourage participation in the My World 2015 survey,[12] in which 2 million people have cast their votes to date.[13]

52. In May 2015, the Governments of Brazil and the Russian Federation hosted a side event during the sixty-eighth World Health Assembly, entitled "Preserving lives: progress in the Decade of Action for Road Safety 2011-2020 and the second global high-level conference on road safety". The event was opened by the Minister of Health of Brazil, who encouraged all ministers of health to attend the high-level global conference on road safety to be held in Brasilia in November 2015. Statements were made by the Vice-Minister for Internal Affairs of the Russian Federation, the Minister of Health of Thailand, the Deputy Minister of Health of South Africa, the Deputy Assistant Secretary of the Public Health Service of the United States, the Special Envoy of the Secretary-General for Road Safety and the Director of the Federación Iberoamericana de Asociaciones de Víctimas contra la Violencia Vial.

53. ECE launched two e-books. The first was on the international symposium held in March 2013 on alcohol-related crashes involving vulnerable road users. The second included presentations, interviews and film clips from the regional road safety workshop that was held in Addis Ababa in November 2014, in partnership with ECA. On International Level Crossing Awareness Day 2014 (3 June), ECE launched a film, *Saving Lives at Level Crossings*, produced in partnership with the

[11] Available from http://fevr.org/wp-content/uploads/2015/08/Final-FEVR-post-crash-response-concept-note-1.pdf.

[12] See www.fiafoundation.org/blog/2014/may/decade-of-action-forum.

[13] See http://vote.myworld2015.org/.

International Union of Railways and the Swiss Federal Office of Transport. A special one-day round table on exploring the use of legal instruments on road safety to address safety policies in low-income and middle-income countries with regard to powered two-wheeled vehicles was held in March 2015, organized in partnership with the Governments of France, Italy and the United States.

54. To mark United Nations Global Road Safety Week, UNICEF and the FIA Foundation published a joint report, entitled "Safe to learn: safe journeys to school are a child's right",[14] which argues for a holistic "safe system" approach to improving road safety, linked to an agenda of child rights, and the sustainable development goals. The report included a call for the experience in developing safe routes to school in high-income countries to be extended to low-income and middle-income countries. The Executive Director of UNICEF led calls for action in this regard in a #SaveKidsLives launch in New York City during Global Road Safety Week 2015.

55. The Global Road Safety Partnership continued to promote the implementation and enforcement of strong policies relating to road safety, supporting targeted interventions with vulnerable population groups and building road safety capacity in countries. The Partnership enhanced the capability of almost 30,000 road police around the world through a range of strategies, including strengthening key policy documents and plans, delivering train-the-trainer programmes, mentoring and coaching senior and operational police, partnering with high-level organizations and undertaking exchange visits. With funding from Bloomberg Philanthropies, the Partnership continues to administer road safety grants to civil society organizations to enable them to influence decision makers to accord priority to and implement road safety policies that will contribute to a reduction in deaths and serious injuries on roads. During the reporting period, 40 grants were awarded to civil society organizations.[15]

56. The 3-Star Coalition, established by the Fund for Global Health, is advocating newly upgraded roads in developing countries to be built to a minimum three-star safety standard (as defined by the iRAP programme) for all road users.

57. With funding from Bloomberg Philanthropies, WHO supported countries to increase the quantity and improve the quality of road safety reporting globally. For example, in May 2014, WHO launched an eight-month road safety fellowship programme for journalists in Cambodia. The programme benefited reporters from print, television, radio and online media, with the objective of increasing and improving the quality of reporting on road safety in Cambodia. In addition, in 2015, WHO published a road safety media brief[16] to support journalists producing stories on road safety. The brief compiles information on various road safety topics, with the objective of making the information more easily accessible to media from all over the world.

58. The first international forum on child road safety[17] was held by the Gonzalo Rodriguez Foundation in Uruguay in May 2014, with the support of FIA Foundation

[14] Available from www.unicef.org/education/files/Safe_to_Learn_report.pdf.

[15] See www.grsproadsafety.org/grants-programme.

[16] Available from www.who.int/violence_injury_prevention/publications/road_traffic/media_brief/en/.

[17] See http://www.gonzalorodriguez.org/index.php/es/seguridad-vial-es/fisevi.

and the MAPFRE Foundation, to promote safety of children on the road and to disseminate safe practices for Uruguay and other countries in Latin America and the Caribbean. The forum, which featured more than 200 participants, resulted in the Declaration of Montevideo[18] in which immediate actions were requested to ensure the safety of children on the road.

59. In December 2014, Safe Kids Worldwide held the Safe Roads Safe Kids Global Road Safety Summit in Washington, D.C. More than 240 participants from 30 nations focused on the risks that children face on the roads and the actionable steps needed.

60. Johnson & Johnson held a number of regional fleet safety conferences leading up to the third United Nations Global Road Safety Week to raise awareness around the Decade of Action for Road Safety and vulnerable road users, and work towards achieving International Organization for Standardization 39001 road traffic management systems certification.

61. In 2014, the Network of Employers for Traffic Safety, a global road safety non-governmental organization, made available its comprehensive guide to road safety in 21 languages and free of charge. The Guide draws on information gathered by the Network's Strength in Numbers Road Safety Benchmark members, representing more than 100 companies with fleet operations in 180 countries. The Guide was launched to assist employers in the private and public sectors with fleets of any size in advancing global road safety.

62. In March 2014, the Global Road Safety Facility, in cooperation with the Institute for Health Metrics and Evaluation, launched *Transport for Health: the Global Burden of Disease from Motorized Road Transport*[19] at the Overseas Development Institute in London. Building on previous *Global Burden of Disease* studies, the report quantifies the health impacts from injuries owing to road traffic crashes over the last two decades, and air pollution from vehicles. Findings show that injuries and pollution from vehicles contribute to 6 of the top 10 causes of death globally. Combined with the health losses from vehicle pollution, the road transport death toll exceeds that of HIV/AIDS, tuberculosis, malaria or diabetes.

63. The FIA Road Safety Grant Programme continues to support road safety activities by automobile clubs of FIA. With the support of the FIA Foundation, the programme has awarded significant funding for more than 100 safety initiatives in over 50 countries for awareness campaigns; educational and training activities; road infrastructure and vehicle inspection programmes; and conferences, events and workshops. In 2015, FIA established a new high-level initiative to engage the private sector, with the goal of increasing international awareness and fundraising efforts a particular focus on innovative financing options.

VI. Data collection and research/monitoring of the Decade

64. In its resolution 64/255, the General Assembly invited WHO and the United Nations regional commissions to coordinate regular monitoring of global progress

[18] Available from www.foroisevi.org/media/noticias/FISEVI_2014_DECLARACION_DE_MONTEVIDEO.pdf.

[19] Available from http://documents.worldbank.org/curated/en/2014/01/19308007/transport-health-global-burden-disease-motorized-road-transport.

and to develop global status reports on road safety. Data collection and analysis from 180 countries that responded to the survey has been completed for the third *Global Status Report on Road Safety*, to be launched ahead of the second high-level global conference on road safety. WHO is developing an accompanying online data visualization platform.

65. The International Traffic Safety Data and Analysis Group issued its annual report for 2014. As a permanent working group of the Joint Transport Research Centre of OECD and the International Transport Forum, made up of road safety experts and research institutes, national road and transport administrations, international organizations, universities and automobile industry and other associations from OECD and non-OECD countries, its main objectives are to contribute to international cooperation on safety data and its analysis. The annual report for 2014[20] provides an overview for road safety indicators for 2012 in 37 countries, with preliminary data for 2013, and detailed reports for each country. In 2013, the International Traffic Safety Data and Analysis Group launched the database for Latin America and the Caribbean, to support the work of the Ibero-American Road Safety Observatory.

66. ECA undertook a comprehensive midterm review of the African Road Safety Action Plan (2011-2020), adopted by African Heads of State and Government. The findings were presented at the third African Road Safety Conference, in preparation for the second high-level global conference on road safety.

67. Member countries of the Ibero-American Road Safety Observatory are collaborating in the collection of data and statistics. A seminar on data collection for road safety data coordinators was delivered by experts from PAHO/WHO. In September 2013, in Sao Paulo, Brazil, a special event on motorcycle road safety was held in cooperation with the Observatory and was attended by experts from Latin America, Asia, Oceania and Europe, along with local stakeholders, such as representatives of motorcyclists' unions. The OECD-International Traffic Safety Data and Analysis Group International Congress on the theme "Better safety data: for better road safety outcomes", jointly organized by the Group and the Observatory, was held in Argentina in November 2013, and attended by more than 300 people from over 40 countries.

68. On 27 and 28 August 2014, WHO, in collaboration with the Emergency Medicine Association of Tanzania, hosted a two-day multi-country workshop to review implementation of fatal injury surveillance in mortuaries and hospitals. With the support of WHO, such systems have been established in select mortuaries in Kenya, Mozambique, the United Republic of Tanzania and Zambia.

69. iRAP has launched the latest "Vaccines for roads" report that summarizes the safety performance of the world's roads. Over 500,000 km of road has now been assessed across more than 70 countries and more than half of the roads are only one-star or two-star standard for all road users (five-star being the safest). The iRAP datasets also include fatality estimation data at the local level that can assist agencies in targeting action across all aspects of the safe system response, in particular where historical crash data are not available.

[20] Available from www.internationaltransportforum.org/pub/pdf/14IrtadReport.pdf.

VII. Financial support

70. Over the past years, the World Bank has steadily increased the amounts and substance of its road safety lending and seeks to ensure that there is sustainability in the interventions beyond the funding provided through capacity-building programmes. New funding for the Global Road Safety Facility was obtained from the Department for International Development of the United Kingdom and Bloomberg Philanthropies to carry out scientific and managerial capacity-building in low-income and middle-income countries.

71. In February 2015, Bloomberg Philanthropies awarded $125 million over a five-year period to a consortium of partners, including Embark, the Global New Car Assessment Programme, the Global Road Safety Programme, the Johns Hopkins Bloomberg School of Public Health, the National Association of City Transportation Officials, the Union North America, the World Bank Global Road Safety Facility and WHO, to reduce fatalities and injuries from road traffic crashes in low-income and middle-income countries and cities.[21] The five countries are China, India, the Philippines, Thailand and the United Republic of Tanzania. The 10 cities are Accra, Addis Ababa, Bandung (Indonesia), Bangkok, Bogotá, Fortaleza (Brazil), Ho Chi Minh City, Mumbai (India), Sao Paulo (Brazil) and Shanghai (China). The programme will work at the national level to strengthen road safety legislation. In addition, the programme is providing funding to support a series of global status reports on road safety.

72. The European Investment Bank invests in road safety through its transport lending policy within the European Union, by financing safety components integrated in construction and rehabilitation projects. The Bank also seeks to transfer the requirements and lessons learned in the European Union to all countries of operation of the Bank and uses road safety as a basic eligibility criterion for funding on certain project types. The Bank continues to provide funding for research and development involving new technologies, including active and passive safety systems used in cars, commercial vehicles and motorcycles. Outside the European Union, the Bank facilitates grant funding for road safety awareness campaigns on projects co-financed with other development partners. The campaigns are timed with the completion of road projects and typically aimed at safety for vulnerable road users. During 2014 and 2015, three new potential schemes with awareness activities in Kenya, Papua New Guinea and Timor-Leste were added.

73. Several partners have provided funding to support travel by representatives of low-income countries to the second high-level global conference on road safety including the World Bank, the FIA Foundation and the United States Department of Transportation.

74. Funding support for a number of road safety projects in low-income and middle-income countries and to support civil society events has been provided by private sector organizations, such as Johnson & Johnson, Jansen, Michelin, Shell, Toyota and Total, and the Global Road Safety Initiative.

[21] See www.bloomberg.org/press/releases/bloomberg-philanthropies-global-road-safety-program-inviting-select-cities-countries-compete-funding-support/.

VIII. Conclusions and recommendations

75. Since the previous report, many activities have been undertaken at the national regional and global levels by the road safety community.

76. More action needs to be undertaken to meet the goal of the Decade of Action for Road Safety (2011-2020) and the sustainable development goals to reduce deaths, in particular with regard to protecting vulnerable road users, enacting and enforcing good road safety laws and addressing vehicle and infrastructure safety.

77. Financial support remains a challenge and more funding is needed to support road safety activities.

78. To ensure that the Decade of Action for Road Safety achieves the goal of saving 5 million lives, it is recommended that the General Assembly call upon Member States:

(a) To address road safety holistically, beginning with the implementation or continued implementation of a good road safety management system, including having a lead agency; interdepartmental cooperation between the department of roads/transport, police/justice, health and education; developing national road safety plans in line with the Global Plan for the Decade; and setting quantitative targets for reducing injuries and fatalities;

(b) To accede to the United Nations international legal instruments on road safety, such as the 1968 Conventions on Road Traffic and Road Signs and Signals, and to promote and implement those tools;

(c) To develop comprehensive legislation on risk and protective factors, protect bystanders and first responders, and strengthen enforcement in order to achieve the target set by the General Assembly of increasing the proportion of countries with comprehensive legislation to 50 per cent by 2020;

(d) To strengthen the enforcement of existing legislation and advocacy efforts in order to achieve reductions in injuries and fatalities;

(e) To improve the quality of road safety data, including strengthening efforts to collect appropriate data for road safety management, such as health, social and economic impacts and the cost-effectiveness of interventions, and monitor progress in road safety;

(f) To strengthen and improve pre-hospital care, trauma and rehabilitation services;

(g) To improve infrastructure, including by targeting the highest volume 10 per cent of existing roads and set appropriate road infrastructure star rating targets for all relevant road users and adopting minimum three-star standards and road safety audits for all new road construction;

(h) To scale up funding for road safety endeavours and develop sustainable and innovative financing mechanisms;

(i) To ensure political support and financial commitment for the sustainable development goals in order to achieve the ambitious target of halving the number of road traffic deaths by 2020;

(j) To observe the World Day of Remembrance for Road Traffic Victims;

(k) To participate actively in the second high-level global conference on road safety, to be held in Brazil in November 2015.

79. **The General Assembly may also wish to encourage Member States:**

(a) To support a process for the development of global, regional and national road safety indicators and targets;

(b) To act upon the results, conclusions and recommendations of WHO global status reports on road safety;

(c) To develop and implement strategies that pay particular attention to vulnerable road users;

(d) To participate in new car assessment programmes;

(e) To request that a report be submitted to the Assembly at its seventy-second session on these matters.

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General Assembly
Security Council

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General Assembly
Seventieth session
Agenda items 72 (c) and 108

Promotion and protection of human rights: human rights situations and reports of special rapporteurs and representatives

Measures to eliminate international terrorism

Security Council
Seventieth year

Identical letters dated 18 September 2015 from the Permanent Representative of Jordan to the United Nations addressed to the Secretary-General and the President of the Security Council

The Government of Jordan rejects the baseless allegations that the representative of the Syrian regime levelled against my country at the meeting of the Security Council on 16 September 2015 and in the identical letters he addressed to the Secretary-General and the President of the Security Council (S/2015/719).

The Syrian representative delivered a rash and inflammatory speech in the Security Council, and the language he used in that speech degraded and basely exploited the suffering of the victims of the conflict in Syria. The purpose of that speech was to absolve the Syrian regime of responsibility for the crimes that it is committing against its people and for their wretched plight, which has forced them to flee and seek refuge.

The Syrian representative will not succeed in his efforts to construct a new narrative that cites countering terrorism or external interference as a pretext, a narrative that contradicts the reality of what is happening in Syria. It should be noted that the primary cause of the humanitarian crisis in that country is the bloody practices of the Syrian regime and its ongoing violations of international humanitarian law and human rights. That crisis has created a hotbed for terrorism.

Jordan, which provides refuge for 1.4 million Syrians who have fled murder and destruction, is sparing no effort to arrive at a political solution that meets the legitimate demands of the Syrian people and brings about a political transition, in accordance with the communiqué of the first Geneva conference.

Since it became a non-permanent member of the Security Council, Jordan has sought to participate constructively and effectively in efforts to adopt resolutions concerning counter-terrorism. That participation is in keeping with Jordan's

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unwavering policy of countering terrorism in all its forms and manifestations, regardless of its sources, because it is contrary to religious and moral teachings and values.

Jordan reaffirms that it has consistently fought against terrorism and extremism, and that all of its institutions will continue to confront terrorism comprehensively by stepping up their efforts and by coordinating and consulting with regional and international actors to consolidate stability and security in the region. In that connection, Jordan condemns the Syrian regime's persistent and futile attempts to smear it using baseless allegations. Jordan has in fact long been a model for counter-terrorism from every point of view.

Lastly, we should like to once again call on the international community to deal firmly and swiftly with the Syrian regime in order to ensure compliance with the relevant Security Council resolutions, including resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2199 (2015); the resolutions of the General Assembly, including resolution 69/189; and international humanitarian law and human rights principles.

I should be grateful if you would have the present letter circulated as a document of the General Assembly, under agenda items 72 (c) and 108, and of the Security Council.

(*Signed*) Dina **Kawar**
Permanent Representative

United Nations A/70/388

General Assembly

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17 September 2015

Original: English

Seventieth session
Agenda item 114
Appointments to fill vacancies in subsidiary organs and other appointments

Appointment of the Under-Secretary-General for Internal Oversight Services

Note by the Secretary-General

1. In its resolution 48/218 B of 29 July 1994, the General Assembly decided to establish an Office of Internal Oversight Services under the authority of the Secretary-General, the head of which would be at the rank of Under-Secretary-General, and also decided that the Under-Secretary-General for Internal Oversight Services:

(a) Should be an expert in the fields of accounting, auditing, financial analysis and investigations, management, law or public administration;

(b) Should be appointed by the Secretary-General, following consultations with Member States, and approved by the General Assembly. For that purpose, the Secretary-General should appoint the Under-Secretary-General for Internal Oversight Services with due regard for geographical rotation and in so doing should be guided by the provisions of paragraph 3 (e) of Assembly resolution 46/232 of 2 March 1992 whereby the Assembly had decided, in particular, that, as a general rule, no national of a Member State should succeed a national of that State in a senior post and that there should be no monopoly on senior posts by nationals of any State or group of States;

(c) Should serve for one fixed term of five years without possibility of renewal;

(d) Might be removed by the Secretary-General only for cause and with the approval of the General Assembly.

2. In the light of the provisions of the resolution mentioned above, the Secretary-General proposes to appoint Ms. Heidi Mendoza (Philippines) as Under-Secretary-General for Internal Oversight Services for one fixed term of five years, beginning on 15 November 2015 and ending on 14 November 2020.

3. The Secretary-General trusts that the General Assembly will approve this appointment.

15-15792 (E) 021015

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United Nations A/70/389

General Assembly

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Seventieth session
Agenda item 125
Global health and foreign policy

Note by the Secretary-General

The Secretary-General hereby transmits a report prepared by the Director-General of the World Health Organization, pursuant to General Assembly resolution 69/132.

15-16212 (E) 131015

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Report of the Director-General of the World Health Organization on protection of health workers

Summary

The General Assembly in its resolution 69/132 addressed the issue of the health workforce as part of building resilient national health systems and advancing the attainment of universal health coverage. It particularly looked at protection of health workers, recognizing that attacks upon medical and health personnel result in long-lasting impacts, including the loss of life, human suffering, the weakening of the ability of health systems to deliver essential life-saving services and setbacks to health development.

Attacks on health and medical personnel, health facilities and means of transportation seriously affect access to health care, depriving patients of treatment and interrupting measures to prevent and control contagious diseases. Doctors, nurses and other health workers must be allowed to carry out their lifesaving humane and humanitarian work free of threats of violence and insecurity.

Addressing violence against health workers and ensuring their protection against physical and psychological threats, as well as their exposure to a hazardous working environment requires a strong political message of the unacceptability of such acts. Unchecked, it often provokes absenteeism of health workers and even leaving their jobs thus exacerbating the continuing and growing need across the world of building a well-educated, motivated health workforce, sufficient in numbers to respond to the needs of populations in all countries.

I. Introduction

1. The General Assembly, in its resolution 69/132, reaffirmed the commitment of Member States to the achievement of all Millennium Development Goals, stressing that health-related goals are key to achieving all the Goals. The resolution also recognized that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development, but that challenges in global health remain and demand persistent attention.

2. One of the challenges in global health recognized through resolution 69/132 is the relevance of the health workforce as a key element of a resilient national health system. Additionally, the resolution stressed that respect for the integrity and safety of medical and health personnel in carrying out their duties and of their means of transport and installations enhanced not only the development of resilient health systems and advancement of the attainment of universal health coverage, but also the right to enjoyment of the highest attainable standard of physical and mental health.

3. The resolution reaffirmed the role of the World Health Organization (WHO) as the directing and coordinating authority on international health work and acknowledged its key role, with other relevant international organizations, in the development and implementation of preventive measures to promote safety of medical and health personnel, their means of transport and installations and respect for each of their professional codes of ethics.

4. In addressing the issue of the protection of health workers, the General Assembly looked into several elements: one is the issue of physical and psychological attacks or threats upon medical and health personnel. Physical attacks and other violent acts not only have an immediate impact on the people affected, but also weaken the ability of the health system to deliver essential life-saving services. These attacks, threats or other ways of preventing medical and health personnel from fulfilling their medical duties happen in armed conflicts and emergency situations, as well as in the regular day-to-day exercise of their duties.

5. In resolution 69/132, the General Assembly also addressed the issue of exposure of health workers to hazardous working environments, such as in situations when acting to prevent, detect and respond to infectious diseases, or working in hospitals which may suffer structural damage as a result of, among other things, natural disasters such as earthquakes or tsunamis. Furthermore, the issues of upholding respect for the integrity of medical and health personnel in carrying out their duties and of the effective training, retention and equitable distribution of the health workforce were also deemed important in this context.

6. The General Assembly requested the Secretary-General, in close collaboration with the Director-General of WHO, to submit a report on the protection of health workers, which compiles and analyses the experiences of Member States and presents recommendations for action to be taken by relevant stakeholders, including appropriate preventive measures.

II. Violence in armed conflicts and emergency situations

7. Most of today's conflicts are associated with widespread human rights abuses and violation of international humanitarian law. Of particular concern is the

increased targeting of humanitarian staff and attacks on health workers, health facilities and patients. In addition, health workers may become the targets of collective or political violence.

8. These attacks severely inhibit access and the right to health care, and weaken health systems. They increase the risk in working in these environments, add to related operating costs, and require additional expert capacity (e.g., negotiating access).[1]

9. The General Assembly, in its resolution 69/132, reaffirmed and urged full respect for the rules and principles of international humanitarian law, including the provisions of the four Geneva Conventions of 1949, and the Additional Protocols thereto of 1977 and 2005, as applicable, as well as international customary law concerned with the protection of medical personnel and humanitarian personnel exclusively engaged in medical duties, and their means of transport and equipment, as well as hospitals and other medical facilities.

10. In spite of the legal instrument and customary law, the attacks on medical and health personnel, health-care facilities, vehicles and patients persist. Global data on attacks on health exist. However, there is no standardized data collection methodology nor central repository of reporting on statistics on violence in health care. Data is collected by different entities, for different purposes, and different geographic focus and are of different quality. Thus, it is difficult to quantify the full extent of the problem.

11. A WHO report commissioned in 2014 based on a review of open source secondary data revealed that in that year alone attacks on health were recorded in 32 countries. Data collected by the International Committee of the Red Cross between January 2012 and December 2014 recorded 2,398 incidents in 11 countries.[2]

12. Attacks can be categorized into several categories: (a) violence against health-care facilities; (b) violence against medical and health personnel; (c) violence against means of transport, medical vehicles; (d) violence against patients, the wounded and the sick; and (e) violence against medical and health institutions and official bodies, such as ministries of health, medical academic institutions and others.

13. A number of international governmental and non-governmental organizations (NGOs) are actively addressing the issue of attacks on medical and health personnel, their means of transport and installations, including to identify appropriate preventive measures to enhance and promote the safety and protection of health facilities, personnel, and their transport, as well as patients.

14. Responding to the call of its member States in Resolution 65.20 of the World Health Assembly in 2012, WHO has taken the lead in convening a wide array of interested partners to develop a methodology and tools for the systematic collection of data on attacks on health facilities, health workers, health transport and patients in complex humanitarian emergencies. The tools facilitate data collection, analysis and reporting and provide electronic means for simplified and secured data capture,

[1] WHO, *WHO's Six-Year Strategic Plan to Minimize the Health Impact of Emergencies and Disasters 2014-2019*; available from http://apps.who.int/iris/bitstream/10665/171852/1/WHO_PEC_ERM_ERX_2015.6_STR_eng.pdf?ua=1&ua=1.

[2] ICRC, *Violent incidents affecting the delivery of health care: Health care in danger, January 2012 to December 2014*. Available from: www.icrc.org/eng/assets/files/publications/icrc-002-4237.pdf

management and reporting, as well as standard operating procedures and rules for secured and ethical data management. Following extensive consultations, the methodology has now been agreed and is currently being field-tested.

15. The Director-General of WHO has been an outspoken advocate for the right to health and has made numerous statements to highlight the problem of the frequency of attacks on health-care workers, facilities, transport and patients. At the sixty-eighth World Health Assembly, in May 2015, the Director-General urged collective action to stop such attacks. During the plenary session, the Director-General lit a candle in a ceremony to honour and remember the health workers who have died while caring for those in need. At a major side event, the Director-General underscored the WHO commitment to taking all possible action to end attacks on health care.

16. Across the organization, WHO continually advocates for the right to health and systematically reminds all parties to conflict to protect health personnel, facilities and their means of transport, and to uphold their obligations under international humanitarian law.

17. WHO now has dedicated staff working to gain a better understanding of the extent and the nature of the problem of attacks on health care and to identify and promote preventive measures and practical solutions. WHO will continue to advocate for the protection of health-care workers and will continue to assist member States to develop appropriate preventive measures and more resilient health systems.

18. The Health Care in Danger campaign of the International Committee of the Red Cross (ICRC) is an ICRC-led, Red Cross and Red Crescent Movement-wide initiative that aims to address the widespread and severe impact of illegal and sometimes violent acts that obstruct the delivery of health care, damage or destroy facilities and vehicles, and injure or kill health-care workers and patients, in armed conflicts and other emergencies.[3] The project, which is scheduled to run from 2011 to 2015, has been focusing on strengthening protection for the sick and wounded in these situations through the adoption of specific measures designed to help to ensure that they have safe access to effective and impartial health care. Over this period, the ICRC and National Red Cross and Red Crescent Societies will continue to urge States parties to the Geneva Conventions, the health-care community at large and others concerned to devise concrete solutions and commit themselves to their implementation.[4]

19. Closely aligned with ICRC-Health Care in Danger, in 2012, Médecins sans Frontières launched its Medical Care Under Fire[5] project to also address the issue of violence against health, which is an internal process to collect data and share best practices. Together with the ICRC Health Care in Danger and other important initiatives identified within this report, consensus has built regarding the urgency and imperative of collectively addressing increased violence to health-care workers.

20. Other potential sources of data on violence to health care include: the Aid Worker Security Database, which records major incidents of violence against aid

[3] ICRC, "Violence against health care must end", *Health Care in Danger*. Available from: www.icrc.org/eng/what-we-do/safeguarding-health-care/solution/2013-04-26-hcid-health-care-in-danger-project.htm.

[4] ICRC, *Health care in danger: questions and answers*. Available from: www.icrc.org/eng/resources/documents/faq/health-care-in-danger-faq-2011-08-05.htm.

[5] Médecins sans Frontières, *Medical care under fire*. Available from: www.msf.org/topics/medical-care-under-fire.

workers, with incident reports from 1997 to the present; the Armed Conflict Location and Event Data Project has data on political violence for developing States in Africa and has initiated the Humanitarian Data Exchange; Physicians for Human Rights works to stop mass atrocities and acts that cause severe physical or mental harm to individuals; the Council on Foreign Relations sponsors an interactive map that visually plots global outbreaks of measles, mumps, whooping cough, polio, rubella and other diseases that are easily preventable by inexpensive and effective vaccines; the Oxford Research Group maintains a casualty reporting web-based platform with over 40 members of the network that collect, record and memorialize the casualties of conflict.

III. Violence at workplace in the health sector

21. Health workers are at high risk of violence all over the world. Between 8 and 38 per cent of health workers suffer physical violence at some point in their careers.[6] Many more are threatened or exposed to verbal aggression. Most violence is perpetrated by patients and visitors. Categories of health workers most at risk include nurses and other staff directly involved in patient care, emergency room staff and paramedics.

22. Violence against health workers is unacceptable. In addition to having a negative impact on the psychological and physical well-being of health-care staff, it also affects their job motivation. As a consequence, this violence compromises the quality of care and puts health-care provision at risk. It also leads to immense financial loss in the health sector.

23. Health workers, in the course of their daily work, often have direct contact with people in distress and experiencing stress and violence. Combined with risk of violence, levels of occupational stress can be higher and lead to mental health problems, higher sickness rates and ultimately loss of staff.

24. Interventions to prevent violence against health workers in non-emergency settings focus on strategies to better manage violent patients and high-risk visitors. More research is needed to evaluate the effectiveness of these programmes, in particular in low-resource settings.

25. WHO, the International Labour Organization (ILO), International Council of Nurses (ICN) and Public Services International (PSI) jointly developed Framework guidelines for addressing workplace violence in the health sector[7] to support the development of violence-prevention policies in non-emergency settings, as well as a questionnaire and study protocol to research the magnitude and consequences of violence in such settings.

26. The Framework guidelines address both physical and psychological violence, including acts which are referred to as assault/attack, abuse, bullying/mobbing, different forms of harassment, including sexual and racial harassment, threats, and others. In terms of the scope, the Guidelines consider a workplace any health-care

[6] WHO, *Violence and Injury Prevention*, "Violence against health workers", available from: www.who.int/violence_injury_prevention/violence/workplace/en/.

[7] ILO, ICN, WHO, PSI, "Framework guidelines for addressing workplace violence in the health sector", available from: www.who.int/violence_injury_prevention/violence/activities/workplace/en/.

facility, whatever the size, location or type of services provided, as well as any place where health services are provided outside the health-care facility, e.g., ambulance services or home care.

27. The Guidelines are not prescriptive, but can be used as a reference tool to facilitate the development of policies and other instruments to address concrete responses targeting specific situations and needs. They can also promote dialogue and consultations among relevant stakeholders, such as government, employers and health-care workers, as well as professional and other NGOs active in the area of workplace violence.

28. It is important to note that workplace violence is a structural, strategic problem rooted in social, economic, organizational, cultural and individual factors, showing complex interrelationships. Immediate responses include preventive measures such as security measures and improvement of the physical environment; and support to victims in the event of violent incidents, including medical and psychological assistance, as well as peer and management support, legal aid and rehabilitation measures.

29. Nevertheless, addressing workplace violence in the health sector requires a comprehensive response which favours an integrated, participative, cultural and gender-sensitive, non-discriminatory and systematic approach. In order to operationalize the Framework guidelines, WHO, ILO, ICN and PSI in 2005 prepared a training manual for addressing workplace violence in the health section.

IV. Safety of hospitals and health facilities

30. Emergencies and disaster often cause damage and destruction of hospitals and other parts of the health infrastructure, resulting in loss of life of health personnel and weakening the ability of health systems to deliver health services. Ensuring the safety of hospitals and their accessibility and functionality, saves lives and allows health and medical personnel to perform at maximum capacity, immediately following a disaster, rather than being one of its major casualties.

31. Typhoon Haiyan that hit the Central Philippines in 2013 damaged over 2,000 health facilities,[8] including destroying more than 600. Increased preparedness across the health sector significantly contributed to the fact that no casualties were reported in the majority of affected areas during Typhoon Ruby in the Philippines in 2014. Promoting the safety of hospitals and health facilities is a key element in reducing mortality and injuries during natural disasters.

32. However, a number of activities that increase the protection of health of populations during emergencies are of a cross-sectoral nature and beyond the domain of the health systems. A clear example includes the work on the Safe Hospitals Initiative, which denotes a clear commitment of governments at all levels and communities to make hospitals safer in the face of disasters. It includes the work on key drivers of risk such as environmental issues, as well as urbanization, land use and building codes. Over the past several years as part of this initiative, 79 countries have taken action to increase the safety of their hospitals in disasters.

[8] See *Outbreaks and emergencies*, available from: www.wpro.who.int/outbreaks_emergencies/haiyan/en/.

33. Some of the initiatives built around the International Strategy for Disaster Reduction that gathered WHO and other United Nation system organizations include 2008-2009 World Disaster Reduction Campaign on Hospitals Safe from Disasters, the 2010-2011 Campaign on Making Cities Resilient: My City is Getting Ready, World Health Day 2008 on Climate Change and Health, World Health Day 2009 on Hospitals Safe in Emergencies, World Health Day 2010 on Urban Health Matters, among others.

34. Member States increasingly demonstrate the importance they place on reducing risks to health during emergencies and disasters. A clear sign of a strong political commitment was the adoption of the Sendai Framework for Disaster Risk Reduction 2015-2030 by 187 Member States gathered at the Third World Conference for Disaster Risk Reduction in March 2015, in Sendai, Japan.[9] This important framework puts health at the centre of global policy and action to reduce disaster risks for the next 15 years.

35. The Sendai Framework recognizes that a "substantial reduction of disaster risk requires perseverance and persistence, with a more explicit focus on people and their health and livelihoods".[10] It calls for action by Member States to integrate disaster risk management into health care at all levels, and for the resilience of national health systems, hospitals and health facilities.

36. WHO, in collaboration with the United Nations Office for Disaster Risk Reduction and other United Nations bodies, NGOs, academic institutions and other partners, supports country implementation of the Sendai Framework, by providing assistance for strengthening country capacities for emergency and disaster risk management for health.

37. Among three new major initiatives announced in the framework of supporting the commitments adopted in Sendai, WHO released in 2015 a new Comprehensive Safe Hospital Framework[11] for reducing disaster damage to this critical aspect of a community's emergency and health infrastructure, which is one of the key targets under discussion in Sendai.

38. The Framework uses "safe hospitals" as a reference to all types of health facilities and their functionalities, including health centres, laboratories, clinics (including those that provide prevention services and health promotion), small and medium-sized hospitals, and referral hospitals. It stresses that countries and communities "need to prioritize the protection of new and existing hospitals and other health facilities from identified hazards and should ensure the physical integrity of buildings, equipment and critical hospital systems".[12]

V. International Health Regulations

39. Global capacity to prevent, detect and respond to infectious diseases hinges upon having strong, sustainable and resilient health systems capable of implementing the

[9] Sendai Framework, available from: www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf.

[10] Sendai Framework, para. 16.

[11] WHO, *Comprehensive Safe Hospital Framework*. Available from: www.who.int/hac/techguidance/comprehensive_safe_hospital_framework.pdf?ua=1.

[12] Ibid., p. 1.

International Health Regulations,[13] including pandemic preparedness measures. The General Assembly, in its resolution 69/132 invited WHO to provide technical support to Member States, upon request, in order to strengthen their capacity to deal with public health emergencies and the implementation of the International Health Regulations.

40. In the past years, the world has faced health threats that have challenged global peace and security. These crises have called for the involvement of many actors supporting countries to save lives in the light of unexpected outbreaks and to improve responses and preparedness for future crises.

41. The emergence of epidemic- and pandemic-prone infections such as Ebola and other viral haemorrhagic fevers, Middle East respiratory syndrome coronavirus (MERS-CoV), influenza A (H1N1) 2009, severe acute respiratory syndrome (SARS), and avian influenza highlight the need for efficient identification and management of transmission risks of emerging diseases in health-care settings. Health-care facilities can act as amplifiers of the outbreaks, increasing the number of cases occurring and placing health-care workers at increased risk of becoming infected and at transmitting infections to other patients, colleagues and visitors. Measures are needed to improve the overall safety culture in facilities together with specific measures to protect health-care workers while caring for patients and the deceased with a confirmed diagnosis of infection, and also while conducting triage or caring for any patient.

42. The International Health Regulations (2005),[14] which entered into force in 2007, are a landmark instrument for WHO, as well as for the world. They are binding for all 194 States members of WHO and are instrumental in helping countries work together to save lives and livelihoods caused by the international spread of diseases and other health risks.

43. It is a legal framework which provides collective defences to detect disease events and to respond to public health risks and emergencies that can have devastating impacts on human health and economies.[15] The successful implementation of the International Health Regulations will contribute significantly to enhancing national and global public health security against the multiple and varied public health risks which have the potential to be rapidly spread through globalized travel and trade.

44. Under article 2, the purposes of the International Health Regulations (2005) are "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade". One of the innovative issues in the International Health Regulations (2005) is that it is no longer limited to specific diseases as in the previous frameworks, but covers "illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans".

45. As part of the preparedness measures, States parties are required to ensure that their national health surveillance and response capacities meet certain functional

[13] WHO, *International Health Regulations (2005), Second edition, 2008*.
[14] Ibid.
[15] WHO, *The International Health Regulations (2005), IHR Brief No. 1*. Available from: http://www.who.int/ihr/publications/ihrbrief1en.pdf?ua=1

criteria and have a set time frame in which to meet these standards. They include: core public health capacities for surveillance and response: appointing a National Focal Point for International Health Regulations: minimum key sanitary and health capacity requirements for international points of entry that have been designated by countries, among others.

46. When the events occur, the International Health Regulations have a broad scope as they require State parties to notify WHO on a potentially wide range of events on the basis of defined criteria indicating that the event may constitute a public health emergency of international concern. They are also obliged to inform WHO of significant evidence of public health risks outside their territory that may cause disease to spread internationally.

47. These reporting procedures seek to expand the flow of timely and accurate information to WHO about potential public health emergencies of international concern. WHO, as a neutral authority, with crucial technical expertise, can access information, recommend actions and facilitate technical assistance.

48. The role of WHO is supported by an Emergency Committee to advise the Director-General of WHO in determining whether a particular event is a public health emergency of international concern and to provide advice on any appropriate temporary measures. Additionally, an International Health Regulations Review Committee is tasked with advising the Director-General on technical matters relating to standing recommendations, the functioning of the International Health Regulations and amendments.

49. In 2009 influenza A (H1N1) exposed vulnerabilities in global and national capacities. H1N1 was the first major test for the International Health Regulations since it came into force in 2007. The International Health Regulations Review Committee recognized[16] the vulnerabilities in responding to public health emergencies: States parties did not fulfil their International Health Regulations obligations regarding strengthening and developing core national and local capacities. Recommendations of the Review Committee also addressed the measures to improve global preparedness through research; establishing a more extensive global public health workforce and closing the gap between available resources and real needs.

50. The Ebola outbreak exposed the vulnerability not just of the national health systems but has also questioned the role of the global community in health emergencies, including WHO as the lead agency in health. The report of the Ebola Interim Assessment Panel highlighted again the shortcomings of the instrument and of its implementation. It highlighted that nearly a quarter of the States members of WHO established bans and measures to restrict international travels affecting populations in crisis.

51. At its sixty-eighth session, building on the work done by the Panel and discussions during the 2015 Executive Board special session on the Ebola emergency, the World Health Assembly requested the Director-General of WHO to establish an International Health Regulations Review Committee[17] whose objectives would be to: (a) assess the effectiveness of the International Health Regulations; (b) review the

[16] See WHA64/10.

[17] Report of the First Meeting of the Review Committee on the Role of the International Health Regulations (2005) in the *Ebola Outbreak and Response*, available from www.who.int/ihr/review-committee-2016/IHRReviewCommittee_FirstMeetingReport.pdf?ua=1.

status of implementation from the previous Review Committee in 2011[18] and, (c) recommend steps to improve the functioning, transparency, effectiveness and efficiency of the International Health Regulations (2005), including the WHO response.[19]

52. The Committee met for first time in August 2015 and agreed on a tentative schedule for the following months. Several issues were raised during the discussion which will guide further work of the Committee and member States. Vulnerabilities in the implementation of the regulations were identified as well as the lack of understanding of the instrument at many levels of the countries. Other issues included the absence of a formal alert level of health risk; the need to strengthen capacities at the country level; the need for active engagement of other actors including community, among others. Technical subcommittees will continue to work on country capacities, compliance and governance and general International Health Regulations issues. The final report of the Review Committee will be submitted at the sixty-ninth session of the World Health Assembly, in May 2016.

VI. Ebola response

53. The General Assembly in its resolution 69/132 expressed deep concern about the outbreak of the Ebola virus disease in West Africa and recognized that the outbreak demonstrated the urgency of having strong health systems capable of implementing the International Health Regulations, pandemic preparedness and universal health coverage that promotes universal access to health services, which would assist in the prevention and detection of possible outbreaks.

54. The Ebola virus disease outbreak in West Africa is unprecedented in the high number of doctors, nurses and other health workers who have been infected. As at 2 September 2015, a total of 881 confirmed infections of health workers were reported from Guinea, Liberia and Sierra Leone since the start of the outbreak, with 513 reported deaths.[20] Health workers were between 21 and 32 times more likely to be infected with Ebola than people in the general adult population. The reasons were: insufficient measures for infection prevention and control and for protection of occupational health and safety in health-care facilities; shortage of staff; and poor conditions of employment of the health workforce.[21]

55. The heavy toll on health-care workers in this outbreak had a number of consequences that further impeded control efforts. It depleted one of the most vital assets during the control of any outbreak. When fear drives staff to refuse to come to work, it can force the closure of health facilities. When hospitals close, other common and urgent medical needs, such as safe childbirth and treatment for malaria, are neglected. When large numbers of health-care workers become infected, anxiety grows in the community. In some areas, patients with any ailment

[18] See footnote 16.

[19] See WHA68/DIV./3, available from: http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_DIV3-en.pdf.

[20] WHO, "Ebola Situation Report", 2 September 2015. Available from: http://apps.who.int/iris/bitstream/10665/183955/1/roadmapsitrep_2Sept2015_eng.pdf?ua=1

[21] WHO, *Health worker Ebola infections in Guinea, Liberia and Sierra Leone, A preliminary report, 21 May 2015*. Available from: http://apps.who.int/iris/bitstream/10665/171823/1/WHO_EVD_SDS_REPORT_2015.1_eng.pdf?ua=1.

perceive hospitals as places where they will be infected with Ebola, reducing access to general health care.[22]

56. WHO and partners have worked with ministries of health, managers and health workers to put in place infection prevention and control, and occupational health and safety strategies and supplies to prevent health-worker infections and improve patient safety and working conditions in health-care facilities. As a result, the infections of health workers as a proportion of all cases dropped from 12 per cent in July 2014 to a low of 1 per cent in February 2015.[23]

57. The lesson learned is that strengthening the resilience of health services in the face of epidemics and outbreaks requires providing decent employment conditions and protection of the safety, health and welfare of the health workforce. This includes providing the most basic measures for management of occupational health and safety, infection prevention and control, and adequate supply of water and sanitation in all health-care facilities. Countries need to develop national programmes for the protection of occupational health and safety of health workers,[24] including regulations, training of safety officers in each facility, provision of vaccinations, safer devices, personal protective equipment and providing health workers with basic occupational health services. WHO and ILO have developed recommendations and practical tools for strengthening the capacities of countries for improving working conditions and protecting occupational health and safety in health-care facilities.[25]

58. As part of its core functions, WHO actively works with partner institutions and specialized networks in developing strategies, technical guidance and training packages for filling gaps in knowledge and improving competencies of health-care workers on how to provide good quality care while practising personal safety. WHO also supports the overall outbreak response operations by identifying and deploying experts as needed and by contributing to public health risk assessments and technical advice on staff safety. Several recommendations and practical tools are available on the Internet, including for the clinical management of Ebola virus disease and MERS-CoV.

59. During the Ebola outbreak in West Africa, WHO and partners implemented three-phase training on clinical management of the Ebola virus disease in the three affected countries. Over 3,000 local, national and international health-care workers completed phases 1 (classroom sessions) and 2 (practice in simulated Ebola Treatment Units training; over 1,000 health-care workers completed mentored clinical practice inside Treatment Units). Training for non-Ebola Treatment Units settings on

[22] WHO, "Unprecedented number of medical staff infected with Ebola — Situation assessment — 25 August 2014". Available from: http://www.who.int/mediacentre/news/ebola/25-august-2014/en/.

[23] WHO, *Health worker Ebola infections in Guinea, Liberia and Sierra Leone, A preliminary report, 21 May 2015*. Available from: http://apps.who.int/iris/bitstream/10665/171823/1/WHO_EVD_SDS_REPORT_2015.1_eng.pdf?ua=1.

[24] Resolution WHA 60.26. "Workers' health: global plan of action" in: *Sixtieth World Health Assembly*, Resolutions and decisions: annexes. Geneva, World Health Organization, 2007 (WHASS1/2006–WHA60/2007/REC/1), Resolutions: 94-99. Available from: http://www.who.int/occupational_health/publications/global_plan/en/.

[25] WHO and ILO. "Ebola virus disease: occupational safety and health". Joint WHO/ILO briefing note for workers and employers. Available from: http://www.who.int/occupational_health/publications/ebola_osh/en/.

triage and staff safety measures is currently being implemented in countries at risk of developing Ebola outbreaks, as part of national preparedness plans.

60. The experience with the Ebola virus disease in West Africa has reaffirmed the crucial role of quality care not only for the well-being and survival of patients but also for the well-being of health-care workers themselves and for building trust among affected communities and engaging them in the response.

61. The Ebola outbreak also highlighted the impact of cultural beliefs and behavioural practices at the community level for the spread of a disease, as well as for the safety and security of medical and health personnel, including community health workers and burial personnel. For example, having noted that funeral and burial practices in West Africa are exceptionally high-risk and adherence to ancestral funeral and burial rites had been singled out as fuelling large explosions of new cases, a new protocol[26] was issued in November 2014.

62. This new protocol emphasized dignified burials that respect religious rituals in both Christian and Muslim funerals. The protocol itself was developed by an interdisciplinary team from WHO and UNAIDS, in partnership with the International Federation of Red Crescent Societies (IFRC) and faith-based organizations, including the World Council of Churches, Islamic Relief, Caritas Internationalis and World Vision. The protocol was implemented by burial teams managed by IFRC, Ministries of Health, an NGO consortium including World Vision, Catholic Relief Services, the Catholic Agency for Overseas Development (CAFOD), and Concern Worldwide, in collaboration with local religious leaders and families.

VII. Building resilient national health systems and strengthening national capacities through the health workforce

63. Progress towards universal health coverage and the attainment of the health-related targets of the sustainable development goals call for all people to receive the quality health services they need without suffering financial hardship. This entails substantial and strategic investments, not least in the health and social workforce as an essential component of national health systems.

64. Currently, there is a mismatch between the demand and supply of health and social care workers; this is particularly acute in low- and middle-income countries, where deficits of skilled health professionals are expected to rise to millions in the coming decades, particularly in sub-Saharan Africa. If no action is taken, this situation will have a negative effect on achieving national socioeconomic priorities and goals, weakening public health systems and increasingly exposing countries to emerging health threats.

65. In both high-income and emerging economies an increase in demand for skilled labour has been observed since the year 2000. Evidence suggests that this will continue owing to a number of key drivers, including demographic and epidemiological changes, technological advances, and increased demand for equitable access to a broader range of quality health and social services. These

[26] WHO: "How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola virus disease". Available from: www.who.int/csr/resources/publications/ebola/safe-burial-protocol/en/.

economic and social policy drivers will stimulate the global, regional and subregional labour markets for qualified health workers and prompt new investments in creating employment.

66. Given the increased demand for skilled labour, many countries will continue to rely on foreign-trained health workers and this is likely to continue to grow. Health workers' migration and mobility is an additional dimension affecting global, regional and subregional health labour markets, particularly given the increasing liberalization of rules related to skilled migration as well as the suboptimal working conditions, among other push factors, in many low- and middle-income countries.

67. Health workforce migration and mobility and freedom of movement of health personnel among countries members of the Association of Southeast Asian Nations (ASEAN), the Caribbean Community (CARICOM), the Southern Common Market (MERCOSUR) and the European Union bring greater attention to issues around ethical recruitment of migrant health personnel and to mutual recognition of professional qualifications.

68. The WHO Global Code of Practice on International Recruitment of Health Personnel,[27] a multilateral framework for tackling shortages in the global health workforce and addressing challenges associated with the international mobility of health workers, promotes voluntary principles and practice for the ethical international recruitment of health personnel, considering the rights, obligations and expectations of source countries, migrant countries and migrant health personnel. The increased mobility and migration of health workers make the substantive principles and provisions of the Global Code increasingly essential to health system strengthening worldwide.

69. Current experiences with the Ebola outbreak showed that the deficit and absence of community-based practitioners — from lay workers to skilled health professionals — have exposed the fragility of the present systems. As efforts continue to ensure the delivery of essential health services, equally important is the medium- to long-term focus to finance and implement evidence-based models of care aligned with the prevailing burden of disease and aspirations for universal health coverage.

70. Building resilient health systems necessitates strategic investments in human resources for health taking into consideration the realities of the health labour market dynamics. This implies going beyond classical strategies that aim at only increasing production to also formulating strategies for effective recruitment, deployment and retention and for improved health worker performance. In reality, this includes reforms that seek to improve health personnel's working conditions, fair and transparent remuneration policies, incentives packages for equitable deployment, transformational education strategies, and monitoring and oversight.

71. The ILO Decent Work Agenda[28] is based on employment creation, rights at work, social protection (health care and retirement security) and social dialogue. National platforms with involvement of key national actors, such as relevant ministries, professional associations and trade unions are key to address decent work deficits and contribute to positive changes in employment terms and conditions (remuneration policies, salary levels, incentive packages, among others). Similarly, regulatory bodies play an important role in establishing frameworks that

[27] WHA63.16, annex. Available from: www.who.int/hrh/migration/code/code_en.pdf?ua=1.

[28] Available from: www.ilo.org/global/about-the-ilo/decent-work-agenda/lang--en/index.htm.

govern professional ethics and practice and ensure quality health services. Promoting and maintaining positive practice environments that support decent work lead to a positive impact on patients' health outcomes and on overall quality of service delivery.

72. WHO has developed a Global Strategy on Human Resources for Health: Workforce 2030[29] to support all member States and partners to address health workforce challenges to progress towards universal health coverage. The strategy highlights the increasing evidence that the health workforce offers a triple return on investment: (a) triggers broader socioeconomic development with positive spillover effects on the attainment of the United Nations sustainable development goals, including education, and gender equality, and on the creation of decent employment opportunities and sustainable economic growth; (b) offers a first line of defence for individual countries to meet the International Health Regulations (2005) and promotes global health security, and; (c) drives improvement in population health outcomes. The strategy will be submitted to the World Health Assembly at its sixty-ninth, in May 2016.

73. In fragile States and countries in chronic emergencies, the Strategy calls for additional protection of health workers from violence and harm as part of a broader agenda of positive practice environments which also guarantees occupational health and safety and work.

VIII. Recommendations

74. **Health worker protection is key to the capability of health systems to respond to health emergencies and meet routine health-care needs. Health worker protection and support must be at the core of emergency response, preparedness and efforts to build a resilient health system.**[30]

75. **Global health security hinges on a fit-for-purpose health workforce within a resilient health system. A skilled, trained, equipped and supported health workforce is the first line of defence for countries to fulfil the requirements of the International Health Regulations. This calls for a clear understanding of implications of the global health security agenda on the health workforce (required capabilities, workforce requirements and workforce strategies to strengthen performance); and investments in long-term health workforce development to strengthen overall health system capacity to ensure sustainability of the International Health Regulations functions. This approach contributes to the global health emergency workforce conceptual plan by focusing on the domestic health workforce as the primary frontline responder in "at risk" countries.**

76. **A concerted multisectoral response, within and beyond the health sector, cutting across the development, diplomatic, education, financial, humanitarian and security agendas is critical for health workforce development, protection and security. The assurances of the International Monetary Fund debt relief and an increase in fiscal space for health care must be translated into new**

[29] Available from: www.who.int/hrh/resources/GlobalStrategyHumanResourcesHealth_Workforce2030Table2-3.pdf?ua=1.

[30] See footnote 23.

investment in health worker employment, especially for women in rural areas, to catalyse the social and economic benefits this generates.

77. **Health workers at the frontline of the fight against public health emergencies must be supported, through the provision of personal protective equipment, supplies and training to conduct their work and maximize their occupational health and safety. They should be provided appropriate employment contracts, remuneration and benefits for themselves and their families. The same principles should be applied to mitigate occupational risks to health workers from the infection, prevention and control of other communicable diseases.**

78. **Maximizing safety and protection of health personnel also demands enhanced education and training curricula which aim at the acquisition of essential competencies and skills needed to adequately perform the International Health Regulations functions (in particular disease surveillance, laboratory diagnostics and public health management). This would need to cover pre-service education (medical schools and other health professionals institutions); in-service, and continuing professional education programmes, including e-learning approaches.**

79. **Building a sustainable fit-for-purpose health workforce requires strengthening the content and implementation of health workforce plans as part of national health policies, strategies and plans. Concerted effort is needed to strengthen multisectoral dialogues among all actors that influence health workforce issues in countries, such as ministries of health, labour, education and finance, other constituencies and the private sector to address public sector rules and practices that hinder the adoption of adequate reward systems, working conditions and career structures for health workers.**

80. **Health workforce data is a precondition for understanding the health labour market for designing evidence-based policy and planning. Strengthening human resources for health data availability and mapping of the number, locations and competencies of all health workers engaged in the provision of essential health services is a prerequisite for strengthening national, regional and global health workforce capacity for emergency preparedness, health security and essential health services. The WHO new concept of national health workforce accounts calls for investments in strengthening country analytical capacities of human resources for health and health system data on the basis of policies and guidelines for standardization and interoperability of human resources for health.**